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ABSTRACT

Developed to assist policymakers and family service providers, this document is an inventory of programs for Nebraska children and families, focusing on service programs and excluding basic elementary and secondary education. The programs described fall into 16 areas: (1) abuse and neglect, including prevention and protection; (2) adoption; (3) developmental disabilities, including community-based developmental disability programs and grants; (4) early childhood development and child care; (5) education, including family literacy and special education; (6) employment; (7) enforcement services, such as program licensing; (8) food and nutrition; (9) health and medical services; (10) housing and utilities; (11) income maintenance; (12) juvenile justice; (13) mental health; (14) services for state wards; (15) substance abuse; and (16) support services, including emergency assistance and early intervention services coordination. Included in each entry are the statutory authority, the year the program was established, the administering agency, general information on the program, target group eligibility, a program description, caseload statistics, and the program's source of funding. (KB)

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NEBRASKA'S

PROGRAMS FOR CHILDREN AND THEIR FAMILIES

A Guide for Legislators

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September 1997

Legislative Fiscal Office
NEBRASKA LEGISLATURE

NEBRASKA'S
PROGRAMS FOR CHILDREN AND THEIR FAMILIES

A Guide for Legislators

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PREFACE

The 1986 Legislature created the Select Interim Committee on Children to explore ways to better serve the children, youth and families of Nebraska. A major element of the Select Committee's undertaking was the development of an inventory of programs for children and families in the state.

The first edition of the inventory of Nebraska's Programs for Children and Their Families represented a significant step in drawing a map of state government policies and programs for children. A high demand for this information by both policy makers and service providers has resulted in the periodic publication of a revised and updated guide by the Legislative Fiscal Office.

The intent of this inventory is to describe each program, the program recipients and the origin of funds for the program. The following descriptions focus solely on those services provided to children and their families and may be part of a much larger program serving other populations. This information is designed to present legislators and other interested parties with information on the state's policies and programs for children and families. This document should not be solely relied upon to determine an individual's eligibility for a program. Some technical details are excluded from the program descriptions. Additional information is available from the author and the appropriate state agencies. Finally, the inventory does not include basic elementary and secondary education. Primary education is a constitutionally defined obligation of government. The focus of this guide is on service programs.

Throughout the development of this inventory, many individuals provided assistance. Special thanks are extended to Wanda McNally of the Legislative Fiscal Office for typing this report. The cooperation and technical assistance provided by the directors and staffs of the Departments of Economic Development, Labor and Education; the newly created Health and Human Services System; the Foster Care Review Board; the Attorney General's Office and the Supreme Court were particularly helpful in assuring the accuracy of this report.

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ABUSE AND NEGLECT

CHILD ABUSE PREVENTION FUND

STATUTORY AUTHORITY: Sections 43-1901 through 43-1906, R.R.S., 1943
YEAR ESTABLISHED: 1986
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: In 1986, the Legislature created the Child Abuse Prevention Fund. Grants are to be awarded to community-based abuse prevention programs. Fees for divorce decrees and birth certificates were increased to cover some of the additional cost to the general fund.

Target Group Eligibility

- Agencies, organizations or individuals are eligible to receive grants. State agencies and departments are not eligible.
- The general public, professionals and children and families benefit from child abuse prevention and education activities funded through these grants.

Program Description

- The Nebraska Child Abuse Prevention Fund Board is authorized to award grants to agencies, organizations or individuals for community-based abuse prevention programs. The programs shall provide education, public awareness or primary prevention services. Consideration shall be given to factors such as need, geographic location, diversity, coordination with or improvement of existing services and extensive use of volunteers.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of applications	72	75	62	90
Number of grants awarded	52	54	29	67

Source of Funding

- Two hundred fifty thousand dollars in general funds are provided to support this program each year. The general funds are transferred into the Child Abuse Prevention Fund. Fees for divorce decrees and birth certificates were increased and deposited into the general fund to cover part of the cost of this program. Until the Child Abuse Prevention Fund exceeds $2,500,000, expenditures from the fund are limited to 75 percent of the amount deposited in the fund and 75 percent of the interest earnings. Once the fund reaches $2,500,000, expenditures will be restricted to interest earnings. Federal funds are from a challenge grant. The expenditure history since FY 1993 is shown on the following page:

	FY 1993	FY 1994	FY 1995	FY 1996
Cash	$250,000	$169,128	$211,093	$216,409
Federal	46,667	28,599	79,380	51,779
Total	$296,667	$197,727	$290,473	$268,188

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CHILD PROTECTION DIVISION

STATUTORY AUTHORITY: Section 84-205, Cumulative Supplement
YEAR ESTABLISHED: 1990
ADMINISTERING AGENCY: Attorney General

General Information: This division is required to be staffed by at least three attorneys who have five or more years of experience in the prosecution or defense of felonies and misdemeanors, including two years in the prosecution of crimes against children.

Target Group Eligibility

The Child Protection Division may assist in any case involving a crime against a child including but not limited to the following offenses:

- murder as defined in sections 28-303 and 28-304
- manslaughter as defined in section 28-305
- kidnapping as defined in section 28-313
- false imprisonment as defined in sections 28-314 and 28-315
- child abuse as defined in section 28-707
- pandering as defined in section 28-802
- debauching a minor as defined in section 28-805
- promotion of obscene material or performance
- possession or promotion of any visual depiction of sexually explicit conduct which has a minor as a participant or observer

Such crimes shall not include matters involving dependent and neglected children, infraction violations, custody or visitation matters or child support.

Program Description

The division will provide consultation and advice and assist in the preparation of the trail upon the written request of a county attorney. If the county attorney declines in writing to prosecute a case involving a crime against a child because of an ethical consideration, including the presence or appearance of a conflict of interest, or for any other reason, the division shall, upon the receipt of a written request of the county attorney, the Department of Health and Human Services, the minor child, the parents of the minor child, or any other interested party, investigate the matter and either decline to prosecute the matter or initiate the appropriate criminal proceedings in a court of proper jurisdiction. The division is also engaged in extensive training with the Department of Health and Human Services, law enforcement, county attorneys, civic groups and professional groups on a national basis. The division also consults on legislative matters with advocacy groups and is engaged in appellate work on child-related cases. Representatives serve on state-wide commissions and boards including the Child Death Review Team.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of cases	85	111	83	61

Source of Funding

- The division is funded through state general funds.

	FY 1993	FY 1994	FY 1995	FY 1996
General	236,697	235,600	247,300	234,993

CHILD PROTECTIVE SERVICES (CPS)

STATUTORY AUTHORITY: Sections 28-705 through 28-727, R.R.S., 1943
YEAR ESTABLISHED: Unknown
ADMINISTERING AGENCY: Department of Health and Human Services

---

General Information: Child Protective Services (CPS) are provided to children and their families as a result of maltreatment of a child or in situations in which substantial risk of harm to the child is identified. Services include investigations, emergency services, case management, supervision, counseling and supportive services such as child care, transportation, homemaker services or family support services.

Target Group Eligibility

- Child Protective Services are provided to families, without regard to income, in situations of maltreatment, of a child or in situations in which substantial risk of harm to the child is identified.

Program Description

- All persons who have reasonable cause to believe a child is being subjected to maltreatment or circumstances which reasonably would result in maltreatment are mandated to report or cause a report to be made. Reports may be made to the Department of Health and Human Services, law enforcement or through a statewide 24 hour toll-free hotline available for this purpose.

- In 1989, the Department of Social Services implemented a risk assessment model called, The Child at Risk Field System to assist caseworkers and supervisors with the decision making that occurs throughout the CPS process. The Child at Risk Field System provides a structured, systematic approach to the investigation of reports of child maltreatment and the subsequent delivery of services to the family.

- If the result of the investigation identifies that no abuse or neglect or substantial risk of abuse or neglect is present, the case is closed. Referrals may be made to other community services if the family needs other assistance.

  If abuse or neglect or substantial risk of abuse or neglect is substantiated, services such as counseling, child care, transportation, homemaker services or family support services may be offered to the family. If there is a high risk of harm to a child's continued safety, court involvement may be necessary for the temporary removal of the child from the home (see Child Welfare and Family Centered Services).

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Investigated	7,961	8,439	8,405	7,858
Substantiated	3,071	3,374	2,605	2,072

Source of Funding

Child Protective Services is funded through general funds and with federal funds provided through the Title IV-E and Title IV-B. The specific amount of funding by fund source is not available.

	FY 1993	FY 1994	FY 1995	FY 1996
Total	$7,624,548	$8,737,244	$10,255,480	$9,546,000

DOMESTIC VIOLENCE PROGRAM

STATUTORY AUTHORITY: Sections 42-901 through 42-927, R.R.S., 1943
YEAR ESTABLISHED: 1978
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: The Domestic Violence Program provides funding to 24 community-based organizations which provide emergency assistance to victims of domestic violence and their families. Services are provided to families without regard to income.

Target Group Eligibility

. The Domestic Violence Program provides assistance to abused spouses, persons living as spouses or adult members of the same household and their children. Domestic violence is defined as attempting to cause or intentionally, knowingly or recklessly causing bodily injury of a serious nature with or without a deadly weapon or placing, by physical menace, another in fear of imminent serious bodily injury. Services are also provided to abused spouses or partners who are not living together.

Program Description

. The Department of Health and Human Services provides grants to local domestic violence organizations. Local organizations must provide the following services to qualify for funding:

- 24 hour crisis line
- transportation--in crisis situations, transportation by law enforcement personnel is recommended for safety
- access to medical services or first aid
- access to emergency legal counseling and referral
- crisis counseling to provide support
- emergency financial aid
- shelter
- assistance in completing the standard application and
- affidavit forms for a protection order

. Six local programs provide services for the abuser.

. Nine local programs provide groups for modeling non-violent behavior for children from abusive homes.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Total calls	60,733	68,061	73,053	73,851
Crisis calls	31,179	36,444	39,834	42,158
New adults	3,085	3,577	3,777	4,127
New children	2,356	2,102	2,741	2,890
Continuing adults	5,930	6,477	7,038	6,579
Continuing children	2,450	3,005	3,455	4,241
Volunteer hours	179,374	208,317	206,622	211,473

Source of Funding

State general funds are used to support the Domestic Violence Program. Federal grants support this program and federal funding through the Emergency Assistance Program is provided in applicable cases. The funding history since FY 1993 is shown below.

	FY 1993	FY 1994	FY 1995	FY 1996
General	$768,000	$ 806,400	$ 846,300	$ 864,194
Federal	227,225	393,715	400,293	137,913
Total	$995,225	$1,200,115	$1,246,593	$1,302,107

ADOPTION

ADOPTION SEARCHES

STATUTORY AUTHORITY: Sections 43-113 to 43-146.16, R.R.S., 1943
YEAR ESTABLISHED: 1980
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: The Department of Health and Human Services provides assistance with adoptive searches. The department will assist in obtaining non-identifying information and will assist in sharing identifying information or will arrange a reunion with the consent of the parties involved.

Target Group Eligibility

. Requests for assistance are accepted from:

- birth parents
- birth siblings
- adopted persons
- adoptive parents
- adopted person's guardian

Requests from other relatives may be considered based on the circumstances.

Program Description

. The Department of Health and Human Services may conduct adoption searches for one of the above named individuals when provided with a written request. Individuals may be referred to a private adoption agency if the adoption was made through that agency.

. Non-identifying information provided in the case file may be released to the requesting party without the permission of the other party involved. Confidentiality of all identifying information is maintained until approval is given for the release of that information. Birth parents or siblings may not obtain identifying information until the adopted child reaches the age of majority. An adopted child under the age of 25 may not obtain any information (non-identifying or identifying) without the consent of at least one adoptive parent.

. The department makes use of various state and federal agencies to track relatives, beginning with the county court system and expanding to Vital Statistics, Motor Vehicles, the Social Security Administration and the Postal Service. If approval is given, the information is shared or assistance may be provided in arranging a reunion. If no approval is given, the file is closed but kept on record in the Department of Health and Human Services in the event another request is made or the dissenting party agrees to a meeting.

Caseload Statistics	.	Information on this activity is not compiled on a regular basis, therefore, no statistics are available. Caseload activity has been conservatively estimated at over 500 new cases per year.
Source of Funding	.	The department does not charge a fee for adoption searches. general funds are used to support this activity. The estimated cost for salary and operating expenses is $50,000 annually.

ADOPTION SERVICES

STATUTORY AUTHORITY: Sections 43-106 01 through 43-107, 43,117 and 43-118, R.R.S., 1943
YEAR ESTABLISHED: Unknown
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: The Department of Health and Human Services serves as an adoption agency for children who have been placed in the legal custody of the department and whose parental ties have been legally severed. In cases where the adoption would not be possible without financial assistance, the department can provide assistance for medical, maintenance and special service costs through the Subsidized Adoption Program. This program is described separately. Post-adoption services are available.

Target Group Eligibility

. Children Placed for Adoption

- The children placed for adoption through the Department of Health and Human Services are wards of the state. They have been placed in the custody of the department and their parental ties have been legally severed. The department's adoption program focuses on children with special needs.

. Adoptive Families

- The department does not have specific requirements for adoptive families. Rather, general guidelines are used:
    - Age: Generally, applicants should be within the age range of biological parents to the child/children who would be adopted and at least the age of majority
    - Marriage: Adoptive parents should have been married long enough to evaluate their stability and adjustments. Placements also are made with single persons
    - Income: The family should have sufficient income to support their family and the adopted child
    - Religion: The family should have a consistent and functional set of beliefs and values
    - Own Children: Families with children are accepted based upon their ability to extend nurturing to another child/children
    - Health: Adoptive applicants' physical and mental health must be sufficient not to interfere with their parenting ability
    - Post-Adoptive Services: Post-adoptive services are provided to families who have adopted a child who was a ward of the Department of Health and Human Services

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Program Description

Adoption is the preferred alternative for children who cannot be reunited with their families and can benefit from a permanent home. Department staff recruit adoptive homes, conduct home studies, place children for adoption, supervise the placements and, in some cases, provide post-adoptive services. There is no cost for the department's services.

- Adoptive homes are recruited based upon the number and types of children in need of adoptive homes or based upon the special needs of a particular child.

- Home studies are conducted to evaluate the suitability of the family for adoptive care for the children available through the Department. A minimum of three interviews are conducted with the potential adoptive parent(s). References, a law enforcement check and a Child Protective Services Central Registry check are required. In some districts, group preparation also is provided.

- After a home has been approved for adoption, the family's study is referred to the adoption registry where initial matching of children and families occurs. The decision on a specific child is made by a team including the child's worker and supervisor.

- When a family is chosen for a specific child, information about the child and his/her background is shared with the family and, generally, visits occur between child and family, with placement following.

- A minimum of six months post placement supervision is provided by the department.

- When the family and agency agree that the family is ready to finalize, the worker prepares documentation for their attorney who files the necessary petition, establishes the hearing date and obtains the decree.

- The Indian Child Welfare Act is applied whenever a Native American child is involved. In these cases, preference in placement is given to the child's extended family, other members of the child's tribe, other Indian families or a family specified by the child's tribe.

- Post-adoption services are provided if a family requests assistance with problems which stem directly from adoption or if dissolution of the adoption appears likely. These services can include home-based, family-centered therapy, problem identification, information and referral and support groups.

- When appropriate, the department facilitates some form of openness in the adoption which can range from a one-time meeting between the adoptive family and birth relative(s), to ongoing exchange of information between the parties after finalization through the department to visits between the parties after finalization.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Total number of adoptions finalized	142	176	202	198
Adoptions involving children with special needs	94	109	137	137
Number of older children (age 13-17)	8	13	14	18
Number of minority race children	58	43	72	60
Children with handicapping condition	41	50	62	54

. Adopted children could have more than one special need and, therefore, could be represented in more than one category above.

Source of Funding

. The amount of funding for placement activities is unknown. If the adopted child is Title IV-E Foster Care or SSI-eligible, administrative costs are paid for by a 50-50 match of state general and federal funds. All other costs are paid for from state general funds.

SUBSIDIZED ADOPTION

STATUTORY AUTHORITY: Sections 43-117 and 43-118, R.R.S., 1943
YEAR ESTABLISHED: 1972
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The Subsidized Adoption Program provides payments to an adoptive family or a provider after the adoption is final. Payments may be made for on-going subsidies and for non-recurring expenses. Subsidies are available for children with special circumstances for whom adoption would not be possible without the financial aid provided by this program. For adopted children who are eligible for Aid to Dependent Children (ADC) assistance or Supplemental Security Income (SSI), a federal match is available for administrative costs and payments for on-going subsidized adoption. State wards who are not eligible for ADC or SSI may receive assistance through a state-funded program for on-going subsidized adoption. Non-recurring expenses relating to the finalization of the adoption may be paid with a federal match for children who meet the special needs criteria described below.

Target Group Eligibility . An adopted child is eligible for a subsidy if he/she is age 18 or younger and is classified as a special need child because he/she cannot be reunified with a biological/legal parent and is older (age 8-18); of a minority race; a member of a sibling group of 3 or more needing to be placed together; has a physical, mental or behavioral condition; or must be adopted by the current foster family due to psychological, parental attachments.

Program Description . Three adoption subsidy programs are offered in Nebraska-- a state initiated program and two federally funded programs. The type of subsidies provided under the three programs are described below:

- State Subsidy (available only to children who are state wards)
  - -- The long-term subsidy provides monthly maintenance payments to remove financial barriers to adoption for children with special needs. These payments are reviewed annually and may continue until the child's 19th birthday. The amount must be less than it would have been if the child had remained a ward of the department.

    - -- If the child has a pre-existing medical condition which is documented prior to the adoption, a medical subsidy will be provided through full Medicaid coverage. Additional medical expenses related to the pre-existing condition may be paid for with state general funds.
    - -- The Special Service Subsidy provides a one-time payment or a time-limited payment for an anticipated expense when there is no other resource. Examples of the items covered are transportation, meals and lodging to obtain medical care or expenses relating to integrating the child into the family.

  - Federal Subsidy (available to state wards or private adoption agency wards)

    - -- Under the federal program, an eligible child may be provided with a medical or maintenance subsidy or both. The medical subsidy consists of coverage under the Medicaid Program. The monthly payments are reviewed annually and may continue until the child's 18th birthday or 19th birthday if the child is disabled. Coverage of nonrecurrent expenses such as legal fees may also be covered.

  - Non-Recurring Expenses (available to any eligible child)

    - -- A one-time only payment may be made to reimburse adoptive parents for non-recurring expenses incurred in adopting the child. Examples include legal fees for the adoption, home study fees, transportation to become acquainted with the child and fees for medical exams. A federal match is available for these expenses.

- Application must be made before the adoption is final. The type, amount, purpose and duration of financial assistance must be agreed upon before the adoption finalization.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly number of children receiving federal subsidy	468	525	590	673
Average monthly number of children receiving state subsidy	236	248	273	318

Source of Funding

- The maintenance and non-recurring expenses portion of the federal subsidy program is supported by federal and general funds. The federal match rate for FY 1997 is 40.87 percent general and 59.13 percent federal. The medical portion of the federal subsidy is provided through the Medicaid Program at the same match rate as the maintenance program. All portions of state subsidy are funded totally with state general funds.

Medical expenditures are included under the Medicaid Program. The funding history since FY 1993 for the maintenance programs is shown below:

FEDERAL SUBSIDY

Maintenance Payments

	FY 1993	FY 1994	FY 1995	FY 1996
General	$ 455,884	$1,178,337	$1,127,277	$1,302,409
Federal	1,258,706	$1,282,149	1,687,199	1,930,066
Total	$1,714,590	$2,460,486	$2,814,477	$3,232,475

State Subsidy

	FY 1993	FY 1994	FY 1995	FY 1996
General	$866,793	$1,015,415	$1,158,784	$1,413,729

DEVELOPMENTAL DISABILITIES

BEATRICE STATE DEVELOPMENTAL CENTER (BSDC)

STATUTORY AUTHORITY:	Sections 83-107.01 through 83-109, 83-1,146, 83,1,147, 83,217, 83,218, 83,223, 83,227.01, 83,363, 83,376, 83,1108 and 83,1130, R.R.S., 1943
YEAR ESTABLISHED:	1885
ADMINISTERING AGENCY:	Department of Health and Human Services

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General Information: The Beatrice State Developmental Center is Nebraska's only state-owned and operated residential facility devoted exclusively to the care, treatment and training of Nebraska's citizens with mental retardation.

BSDC is licensed to provide two levels of care to its residents: Intermediate Care Facility for the Mentally Retarded (ICF/MR) services and Acute Care Facility (ACF) services. BSDC has no programs/services devoted exclusively to children under age 18.

BSDC has a licensed capacity of 475 ICF/MR beds, a budgeted/staffed capacity for 407 beds and a current census of 407 residents. BSDC has a hospital unit which has a licensed capacity for 31 acute care beds, a budgeted/staff capacity for 12 permanent beds and a current census of 6 permanent residents. The ACF Unit also provides short-term acute care and skilled nursing care for residents admitted by their physician.

Target Group Eligibility . Services are available to all citizens of Nebraska regardless of race, religion, sex, ethnicity, age or handicap and the ability/inability to pay providing:

- there is a formal diagnosis of mental retardation
- there is a documentation from the DD Regions that no alternative services are available
- that BSDC can provide the services necessary to meet the individual's needs
- for ACF services, there is the additional requirement that there is a physician's 's order based upon a formal diagnosis and treatment plan requiring ACF level of care.

Program Description . Intermediate Care Facility: The ICF/MR program provides a full range of medical, residential and programmatic services.

Routine medical and dental care is provided by BSDC medical staff and consultants on campus. Whenever the resident's physician determines that he/she needs a higher level of nursing care, the resident is admitted to the facility's ACF/Hospital Unit. Residents requiring further diagnostic work or major medical treatment are sent to appropriate medical facilities outside of BSDC.

The Intermediate Care Facility provides 24-hour awake supervision of its residents across 29 living units. All residential services, recreational, dietary, environmental and sanitation services are provided.

Acute Care Facility: The ACF programs provide 24-hour awake acute nursing care for residents upon physician's orders based upon a formal diagnosis and treatment plan. Residents requiring complex diagnostic work or major medical treatment are sent to appropriate medical facilities outside of BSDC.

BSDC has a full range of developmental and habilitative services for its residents under the age of 18:

- Audiological Services - hearing assessments, provision/maintenance of hearing aids, equipment and manual/sign communication training
- Occupational Therapy - assessment, program design, treatment and provision/maintenance of adaptive equipment
- Physical Therapy - assessment, program design, treatment and provision/maintenance of braces, wheelchairs, carts and other adaptive equipment
- Speech and Language Services - assessment, program design, speech therapy and provision/maintenance of adaptive communication devices
- Special Education provided by certified Special Education-endorsed teachers for the 180 day school year; by at least a certified teacher during the 10-week summer session.
- Foster Grandparent - one-on-one personal relationship

Caseload Statistics

Intermediate Care Facility: During FY 1993 through 1996, the ICF-MR units served the following number of children:

FY 1993	12
FY 1994	10
FY 1995	9
FY 1996	13

The average length of stay was:

FY 1993	8.67 years
FY 1994	10.17 years
FY 1995	9.83 years
FY 1996	6.5 years

The residents under 18 received the following developmental/habilitative services during 1993 through 1996:

Services	Number of Residents FY 1993	FY 1994	FY 1995	FY 1996
Audiological	7	2	0	2
Occupational Therapy	5	5	5	5
Physical therapy	12	11	7	7
Speech and language	13	10	6	5
Special education	13	12	8	9
Foster grandparents	13	12	13	12

The sources of referral for the residents under the age of 18 served by ICF/MR during FY 1993 through FY 1996 are:

Referral Source	Number of Residents FY 1993	FY 1994	FY 1995	FY 1996
Individual/parent	16	7	*	*
Department of Social Services	5	4	*	*
Hospital	13	4	*	*
Physician	0	1	*	*
DD programs	24	30	*	*
ICF/MR	0	0	*	*
School/ESU	1	1	*	*

*Since July 1, 1994, eight individuals requested ICF/MR services. The significant decrease in referrals from the prior two fiscal years is attributed to the efforts of the Developmental Disabilities Service Coordination Program to place persons into community programs and the development of a single point of entry for referrals of developmental disability services.

. Acute Care Unit: From FY 1993 through FY 1996, the following number of children were served on a long-term basis:

FY 1993	2
FY 1994	1
FY 1995	1
FY 1996	1

For those children served on a long-term basis, the average length of stay was:

FY 1993	217 days
FY 1994	365 days
FY 1995	365 days
FY 1996	365 days

The long-term residents of the ACF received the following services in FY 1993 through FY 1996:

	Number of Residents			
	FY 1993	FY 1994	FY 1995	FY 1996
Speech and language	0	1	0	0
Audiology	0	0	1	1
Foster grandparents	2	2	1	1
Special Education	2	2	1	1
Physical therapy	1	1	1	1
Occupational therapy	0	0	1	1

Source of Funding

Beatrice State Developmental Center is supported by several funding sources. Federal Medicaid funds and the required state general fund match provide the primary source of funding. Counties pay $3 a day for care provided to their residents. Family members and insurance payments also provide patient revenue. Special education costs are paid by the child's local school district or the Department of Social Services. A federal grant and general funds support the Foster Grandparent Program. Funding information is not maintained by the age of the resident. However, estimated funds for services to residents under 18 are shown in the table on the following page.

	Facility Costs for ICF/MR Care of Youth			
	FY 1993	FY 1994	FY 1995	FY 1996
General	$ 672,670	$ 500,251	$366,945	$ 489,162
Cash	130,513	91,255	89,525	115,090
Federal	681,262	705,206	455,194	637,276
Total	$1,484,445	$1,296,712	$911,664	$1,241,527

	Special Education			
	FY 1993	FY 1994	FY 1995	FY 1996
Cash	$367,108	$306,048	$254,663	$235,387
Federal	15,585	14,507	13,750	2,420
Total	$382,693	$320,555	$268,413	$237,807

COMMUNITY-BASED DEVELOPMENTAL DISABILITY PROGRAMS

STATUTORY AUTHORITY: Sections 83-1,141 through 83-1,142, R.R.S., 1943

YEAR ESTABLISHED:
Office of Mental Retardation, 1967
Mental Retardation Regions, 1973
Developmental Disability Division, 1991

ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The Office of Mental Retardation (OMR) was established by the 1967 Legislature and was located in the Department of Health. In 1969, OMR was moved to its current location in the Department of Public Institutions. In 1991, the Legislature created the Developmental Disabilities Division (DDD) in the Department of Public Institutions with centralized service coordination services. DPI contracts with the 6 developmental disability regions and 11 private providers for services to individuals.

The developmental disability regions formed under the Interlocal Cooperative Act of 1963 which allowed counties to enter agreements to provide human services. Beginning with Region VI in 1970, all counties in each of the six regions had signed inter-local agreements by 1976.

Target Group Eligibility

. Services provided by community-based developmental disabilities service providers are available to persons with developmental disabilities. Developmental disability means:

- Mental retardation
- A severe, chronic disability other than mental retardation or mental illness which:
  - is attributable to a mental or physical impairment other than a mental or physical impairment caused solely by mental illness
  - is manifested before the age of 22 years
  - is likely to continue indefinitely
  - has the following results:
  - if under three years of age, at least one developmental delay

- if three years of age or older, a substantial limitation in three or more of the following areas of major life activity, as appropriate for the person's age:
  - a) self-care
  - b) receptive and expressive language development and use
  - c) learning
  - d) mobility
  - e) self-direction
  - f) capacity for independent living
  - g) economic self-sufficiency

Program Description . Services offered by each of the developmental disabilities service providers are determined by their governing authority. The different categories of services which may be provided are described below.

- Residential Services: Residential training provides persons with the supports, services and interventions desired and needed to increase or maintain their capacity for independent functioning, self-determination, interdependence, productivity and community integration in the home environment.
  - Assisted Residential Services: Assisted residential living provides organized training programs to develop living skills of persons with developmental disabilities who may need training in daily living skills such as eating and drinking; toileting and dressing; mobility skills; basic academic skills, such as number concepts and attending to task; basic home management skills, such as house cleaning and assisting with meal preparation; socialization skills, such as cooperating and taking responsibility; communication skills, including receptive and expressive language development; and sensorimotor skills, such as manipulation of objects and recognition of sights and sounds. This training is provided in setting such as group homes.
  - Supported Residential Services: Supported residential services provide organized training to maintain or increase independent living skills of persons with developmental disabilities who may need training in financial management skills, such as banking, budgeting and purchasing; health maintenance skills, such as recognition of illnesses and following of a therapeutic diet; interpersonal skills, such as self-expression, age-appropriate personal interaction and human sexuality; community services and resources, such as the post office, public transportation, laundromat and grocery stores; personal care skills, such as care and selection of clothing and personal hygiene; meal preparation, such as menu planning, cooking and food storage; and leisure time and recreational skills. This training is provided in settings such as supervised apartments or in the natural home.

- Day Services: Day training provides persons with the supports, services and interventions desired and needed to increase or maintain their capacity for independent functioning, self-determination, interdependence, productivity and community integration in the day services environment.
  - Assisted Day/Vocational: Training provides the development of fundamental work skills to enhance independence of the person served in work settings and is designed to orient the client to community work environments. This training is provided in such settings such as work activities centers, vocational centers or activity centers.
  - Supported Day/Vocational: Training and services provide placement in business or industry settings where work is performed under contract with the provider or for which the person served is competitively employed. This training may be provided in setting such as sheltered workshops, on-the-job placements, work stations in industry and competitive employment.
- Other Services and Supports: Respite and transportation services are other services and supports the developmental disability providers may offer to persons.

Caseload Statistics . The chart below shows the number of persons under 21 years old served by community-based developmental disabilities programs (public and private) during the past three years. Counts are as of July 1. These service categories are not mutually exclusive, hence, an individual can receive services in more than one category.

	FY 1993	FY 1994	FY 1995
Vocational Services - School Age	1	33	7
Child Developmental Centers	23	14	15
Child Developmental Centers - Pre-school	1	2	2
Residential	120	108	108
Social Services	297	169	176
General Services (Respite)	15	58	76
Total Unduplicated Client Count	230	169	176

Data provided by Region I Office of Human Development.

Source of Funding . The funding sources are general funds and federal funds from the Home and Community-based Waiver Program (Title XIX).

Administration (CBDD)

	FY 1993	FY 1994	FY 1995*	FY 1996*
General	$26,890	$27,556	$324,659	382,838
Title XIX	13,244	13,672	253,026	257,359
Total	$40,134	$41,228	$577,685	$640,197

*Providers utilized a more equitable method of assigning administrative expenses to children services beginning July 1, 1994.

Vocational Services

	FY 1993	FY 1994	FY 1995	FY 1996
General	$29,763	$109,079	$55,058	$125,822
Title XIX	23,696	105,484	58,697	65,397
Total	$53,459	$214,563	$113,755	$191,219

Residential Services

	FY 1993	FY 1994	FY 1995	FY 1996
General	$1,881,787	$2,287,578	$1,406,025	$1,825,700
Title XIX	838,980	1,108,048	1,650,550	1,811,153
Total	$2,720,767	$3,395,626	$3,056,575	$3,636,853

Service Coordination

	FY 1993	FY 1994	FY 1995	FY 1996
General	$156,061	$358,086	$190,475	$228,966
Title XIX	119,185	196,593	162,405	211,354
Total	$275,349	$554,681	$352,880	$440,320

Extended Family

	FY 1993	FY 1994	FY 1995	FY 1996
General	$119,369	$99,256	$267,574	$377,507
Title XIX	30,731	49,445	314,110	374,474
Total	$150,108	$148,701	$581,684	$751,981

Respite Care

	FY 1993	FY 1994	FY 1995	FY 1996
General	$35,952	$37,825	$29,502	$38,347
Title XIX	21,405	19,410	11,587	15,061
Total	$57,357	$57,235	$41,089	$53,408

DEVELOPMENTAL DISABILITIES GRANTS

STATUTORY AUTHORITY:	Section 81-603, R.R.S., 1943
YEAR ESTABLISHED:	1971
ADMINISTERING AGENCY:	Department of Health and Human Services/Finance and Support

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General Information: The Developmental Disabilities Program is federally funded. A portion of the administrative costs are funded through state general funds. Grants are awarded to local organizations which may provide indirect or direct services to developmentally disabled children and their families.

Target Group Eligibility . Individuals and their families who meet the federal definition of developmental disabilities.

Program Description . The Developmental Disabilities Planning Council functions as a focal point for the comprehensive review of service provision and service needs of persons with developmental disabilities. The development of a state plan identifies strengths and weaknesses of the state's system of services and sets priorities that are relevant to these service gaps. The Council then focuses its efforts on these priorities including awarding grants to agencies that propose activities that address these identified priority areas. These awards are seen as seed money and many programs in existence today can trace their roots to a developmental disability grant.

Council priorities include child development activities which fund projects impacting on the inclusion of children with disabilities in various settings including daycare, on prevention efforts, on early intervention services and on supporting families.

Caseload Statistics . Not applicable for this program.

Source of Funding . State general funds and federal funds support the Developmental Disabilities Program. The funding history is shown below.

	CY 1992	CY 1993	CY 1994	CY 1995
General*	$ 72,222	$ 71,538	$ 98,179	$123,437
Cash				1,532
Federal	353,301	347,828	370,102	250,268
Total	$425,523	$419,366	$468,281	375,238

*Figure does include allocation to Nebraska Advocacy Services.

EARLY CHILDHOOD DEVELOPMENT AND CHILD CARE

CHILD CARE AND EARLY CHILDHOOD EDUCATION CONTINUITY GRANT FUND

STATUTORY AUTHORITY: Sections 43-2601 through 43-2625, R.R.S., 1943
YEAR ESTABLISHED: 1991
ADMINISTERING AGENCY: Department of Education

General Information: The grants are intended to assist local communities to improve the quality and availability of early childhood development programs and school age child care. A review committee of the Child Care and Early Childhood Education Coordinating Committee will make recommendation to the Commissioner of Education.

Target Group Eligibility

. Eligible applicants are as follows:

- For full-day child development projects:
  - public school districts and educational service units
  - Head Start grantees
- For school age child care:
  - public school districts and educational service units
  - non-public schools
  - non-profit child care programs
  - non-profit community organizations/agencies (e.g., YMCA's Visiting Nurses Association, churches)
- For full day multi-age projects:
  - public school districts and educational service units
  - public school districts and education service units in collaboration with non-profit child care programs
  - public school districts and educational service units in collaboration with employer-sponsored non-profit child care programs

Individuals and for-profit entities are not eligible.

Grantee recipients are expected to become accredited through the Department of Education or the National Association for the Education of Young Children or the National Family Child Care Association.

Program Description

. Grants are available for the following projects:

- Full-Day Child Development Projects: Projects with extend to full working day, part-day programs for pre-kindergarten age children operated by public schools, including programs for pre-kindergarten children with disabilities and Head Start programs. Proposals which are a collaboration between a public school and a Head Start program and/or proposals extending an Early Childhood Combination Program will receive priority.

- School Age Child Care: Projects which establish/expand school age child care offered by public and private non-profit entities. It is expected that proposals will address the need for both before and after school care. In the event that early morning care is not part of the plan, the applicant must provide a clear rationale for its omission. Proposals continuing child care services during the summer will receive priority.

- Special Full Day Multi-Age Projects: Special consideration may be given to up to two proposals which blend the intent of categories (a) and (b) above by describing a program which incorporates a half-day kindergarten program into a full working day multi-age setting, serving a two or three year age span of children between the ages of three and eight. This proposal may be a collaboration between a public school and a community non-profit child care program or an employer-sponsored non-profit child care program in a common site.

Recipients are eligible for grants for up to three years. The grant awards will be decreased by one-third each year.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of grants	20	25	13	11

Source of Funding

A portion of the federal Child Care and Developmental Block Grant is used for this program. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Federal				
Administration	$ 53,061	$ 63,347	$ 56,384	$ 72,016
Aid	338,740	343,763	118,200	109,957
Total	$391,801	$407,110	$174,584	$181,973

Administration

A portion of the federal Child Care and Development Block Grant supports 1.0 FTE professional staff at Nebraska Department of Education. Approximately $250,000 per year of the Child Care and Development Block Grant supports training, media loan, and an 800 number phone line at the Early Childhood Training Center located at ESU #3 in Omaha. All of this activity is directed toward the improvement of the skills of child care providers.

CHILD CARE AND EARLY CHILDHOOD EDUCATION TRAINING AND GRANT FUND

STATUTORY AUTHORITY: Section 43-2607, R.R.S., 1943
YEAR ESTABLISHED: 1991
ADMINISTERING AGENCY: Department of Education

General Information: This fund shall be used to enhance, provide and coordinate training for providers of early childhood program. A review committee appointed by the Child Care and Early Childhood Education Coordinating Committee makes recommendations for funding to the Commissioner of Education.

Target Group Eligibility . For Regional Training Projects: At least three of the following entities must be partners in the grant project:

- affiliates of professional organizations
- child care food program sponsoring agencies
- community action agencies (CAPs)
- educational service units (ESUs)
- family service agencies
- Head Start grantees (if not part of a CAP)
- institutions of higher education
- UNL County Extension Divisions with an ESU boundary
- other non-profit child and family serving agencies having a regional focus

For Local One-Two Day Training Projects: An applicant must be one of the following:

- colleges, universities, community colleges
- non-profit health, social service and educational organizations
- state and local governmental entities (e.g., health, county extension, educational service units, school districts)

Individuals and for-profit entities are not eligible.

Program Description . Training may include the following:

- programs targeted to parents needing or using child care to assist them in selecting optimum child care settings
- specialized training regarding the care of children with special needs
- programs concerning health, safety or developmental needs of children

Currently grants up to $12,500 are available for regional training projects. The category requires a plan which provides ongoing regional interagency training coordination for personnel in early care and education.

Currently grants up to $500 are available for the development or enhancement of a multi-session, one-two day conference or workshop which targets presentations to home-center and school-based early care and education staff and enables participants to attend at minimal cost and is sponsored by a non-membership entity.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of grants awarded	19	14	18	13

Source of Funding

	FY 1993	FY 1994	FY 1995	FY 1996
Federal (Aid)	$86,124	$112,773	$111,273	$68,200

CHILD CARE GRANT FUND

STATUTORY AUTHORITY: Section 43-2622, R.R.S., 1943
YEAR ESTABLISHED: 1991
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: A portion of the federal Child Care and Development Block Grant is provided to assist child care providers with capital improvements, equipment purchases and start-up costs to expand services to infants, sick children or children with disabilities.

Target Group Eligibility

Individuals, community organizations or schools may apply for grants.

Program Description

. One-time grants may be awarded for the following:

- assisting providers that are currently licensed with items that are required to meet licensing standards with appropriate documentation
- making minor building modifications absolutely necessary to meet licensing requirements for new programs
- making minor building modifications or purchasing equipment to increase the number of infants, children with disabilities, children who may be ill and/or school-age children served
- making minor building modifications for licensed providers changing from a family child care home to a group child care home or a group child care home to a center

Maximum grant awards are $5,000. Start-up costs are not available after the first three months of operation. Emergency mini-grants up to $2,000 for purposes other than start-up costs were initiated in March 1994.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Applications received	92	188	258	138
Child Care Grants awarded	17	41	46	15
Mini-grants awarded	N/A	25	74	59

Source of Funding

. A portion of the federal Child Care and Development Block is provided for this program. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Federal	88,621	257,544	317,298	85,614

CHILD CARE SERVICES

STATUTORY AUTHORITY: Section 68-1202, R.R.S., 1943
YEAR ESTABLISHED: 1972
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: Child care services are provided to low-income families. The goals of the program are to achieve or maintain economic self-support; achieve or maintain self-sufficiency; prevent or remedy abuse, neglect or exploitation of children and remain together as a family and prevent or reduce inappropriate institutional care. There are several categories of eligibility for child care services. Funding varies depending upon the categorical eligibility. The description that follows does not make a distinction among the various categories.

Target Group Eligibility

- Child care services are provided to several populations of low-income clients. These populations include current Aid to Dependent Children (ADC) recipients, former ADC recipients who left the program due to employment and low-income families not receiving ADC. Families receiving Child Protective Services are also eligible for child care.

  Children age 12 or younger, children who are physically or mentally incapable of caring for themselves (as determined by a physician or a licensed or certified psychologist), children of adolescent mothers or children under court supervision are eligible for child care services.

  To be eligible, the family must need child care services and must either meet the income requirements or be involved with Child Protective Services.

- Child care services are paid in full for the following families:

  - all current ADC recipients and families transitioning off of assistance

  - low-income families

  - families receiving Child Protective Services with a child in the custody of the Department of Health and Human Services and families involved in a child abuse and/or neglect investigation.

- Child care services are provided on a cost sharing basis if the family's monthly income exceeds the standard above but is less than the maximum amount of income allowed to be eligible for child care. For a family of four, the maximum amount of income is $1,389 a month. The fees paid by the families will range from 3 to 18 percent of income.

Program Description

Child care is direct care and protection of infants, preschool and school-age children for a portion of a 24-hour child.

Child care providers must be licensed if required or registered or approved if a license is not required.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly number of children:				
ADC-related	4,571	4,890	4,375	3,717
Transitional	929	995	1,021	967
Other	4,162	5,060	5,861	5,759
Total Average Monthly	9,662	10,945	11,257	10,443

Source of Funding

Child care services are provided through a combination of general and federal funds.

	FY 1993	FY 1994	FY 1995	FY 1996
General	$ 6,396,515	$10,340,081	$12,646,000	$12,677,341
Federal	15,637,082	15,374,650	14,971,611	13,465,498
Title IV-A*	N/A	N/A	N/A	N/A
Title XX	N/A	N/A	N/A	N/A
Total	$22,033,597	$25,714,631	$27,617,611	$26,142,839

*Nebraska's child care program is based on a "seamless system." Although there are a variety of funding sources, there is only one set of guidelines for eligibility. Caseload statistics and source of funding information are not available by funding source.

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EARLY CHILDHOOD CARE AND EDUCATION
NEBRASKA DEPARTMENT OF EDUCATION

This office was created in November of 1989 to carry out the State Board of Education's goal that a statewide system of effective, coordinated, community-based early childhood and family development services be developed in cooperation with the governor, the legislature and related state agencies. The initial work of the office included 1) continued support for the State Board's Early Childhood Task Force; 2) program improvement activities focused on practice in the kindergarten/primary grades; 3) administration of the School Age Child Care Project in cooperation with the Department of Social Services; and 4) efforts to insure that all early childhood (birth to age 8) initiatives of the department be coordinated and reflect best practice.

Activities associated with the implementation of the Early Childhood Education Act (LB 567) were undertaken in 1990. These included the development of standards (Rule 11) for the selection of the four pilot projects specified in LB 567; the establishment of the Early Childhood Training Center and the development of the parent education training project (Project Parent). In 1995 funding for the four initial projects was diminished by half and four additional projects were funded.

Also, in 1990 Nebraska was a successful applicant for a Head Start-State Collaboration Project. This five-year project is housed in the Office of Child Development and includes a part-time staff member at the Early Childhood Training Center. Federal funding was recently extended through 2000.

The passage of the federal child care legislation late in 1990 and the Quality Child Care Act (LB 836) by the Nebraska Legislature in 1991 requires collaboration between the Department of Education and Health and Human Services around a specific list of activities related to child care and early childhood education. Accordingly, a Memorandum of Agreement has been developed and signed by the Commissioner of Education and the Director of the Department of Health and Human Services. Staff serve on and provide staff support to the Child Care and Early Childhood Education Coordinating Committee appointed by the governor.

In 1992 the Office assumed responsibility for administering the federal Even Start Family Literacy projects designed to combine parent education, adult education and early childhood education with the goal of breaking multi-generational illiteracy and to promote family self-sufficiency. Projects are currently funded in six communities.

Federal Child Care and Development Block Grant funds provide additional staff for the Early Childhood Care and Education Office and the Early Childhood Training Center needed to implement responsibilities specified in the Quality Child Care Act. These include the development of a process for promoting and recognizing high quality programs, the coordination and enhancement of training opportunities for child care staff and the development and dissemination of materials to assist parents in identifying quality settings for young children.

EARLY CHILDHOOD PROJECTS

STATUTORY AUTHORITY: Section 79-3703, Cumulative Supplement
YEAR ESTABLISHED: 1991
ADMINISTERING AGENCY: Department of Education

General Information: The goal of the projects is to demonstrate the potential of high quality comprehensive programs to promote the health development of young children. Eight projects are currently funded. Funding is continuous ($50,000 annually) with at least one-half of the budget from other federal, state, local and/or private sources.

Target Group Eligibility

. Local school districts and cooperatives of school districts are eligible to receive grants.

Program Description

. Each project is eligible for funds of up to $50,000 per year. Each project must demonstrate the following elements:

- a strong family education component recognizing the central role of parents in their children's development
- well-trained staff and optimum staff and child ratios
- developmentally appropriate curriculum, practices and assessment
- sensitivity to the economic and logistical needs and circumstances of families in the provision of services
- integration of children of diverse social and economic characteristics; a sound evaluation component, including at least one objective measure of child performance and progress
- continuity with programs in kindergarten and elementary grades
- staff development opportunities open to all public and private early childhood care/education programs

Currently, projects are funded in the following communities:

- Falls City Public Schools and Head Start
- Omaha Public Schools with Head Start and Family Service
- Bellevue Public Schools and community social service agencies
- Sandy Creek Public Schools, ESU #15, Head Start and the Learning Center
- Centura Public Schools and Head Start
- ESU #15 in Red Willow County and a variety of community agencies
- Millard Public Schools and Head Start

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of grants awarded	4	4	8	8

Source of Funding

The projects are partially funded with state general funds. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$400,000	$400,000	$400,000	$400,000

Administration

None of the $435,000 total appropriation supports program administration; however, $10,000 to $15,000 per year supports program evaluation and $20,000 supports professional development activities at the Early Childhood Training Center administered through ESU #3 in Omaha.

EDUCATION

DIAGNOSTIC RESOURCE CENTER

STATUTORY AUTHORITY: Section 43-669 through 43-680, R.R.S., 1943
YEAR ESTABLISHED: 1978
ADMINISTERING AGENCY: Department of Education

General Information: The Nebraska Diagnostic Resource Center located in Cozad provides assistance and support to school districts and other state agencies in Nebraska serving children birth to 21 with disabilities in the areas of comprehensive center-based diagnosis/assessment, material and consultative resource, in-service/training and service coordination.

Target Group Eligibility

. The eligibility criteria for admission is as follows:

- The child must be a resident of Nebraska or if the child is a non-resident can only be served if the admission will not result in the denial of services to an otherwise eligible Nebraska resident.

- A student between the ages of 5 and 21 must be diagnosed and verified as having a disability. This requirement may be waived if it is demonstrated that:
  - -- the student has displayed behavior which is evidence of the existence of a disability
  - -- the reason for lack of diagnosis is the unavailability of local diagnostic services.

- A child between birth and five years of age must display a disability or suspected disability which might interfere with the student's future academic success.

- A disability may be any condition defined in NDE Rule 51 (Special Education).

. A student will not be or remain eligible if:

- the student's presence poses a physical threat to himself or others

- if it is not responsible to expect the student to profit from the Center's services

Program Description

. The center provides the following services:

- diagnosis of disabilities which influence the education of children to age 21
- training services for special education teachers and others
- research into the improvement of educational services for children with disabilities
- utilization of diagnostic services on a contractual basis with other state agencies

  - coordinated delivery of the services available with the State Department of Education for individuals with disabilities

- The center does not provide clothing or medical or dental care for any student. Transportation is the responsibility of the local school district or the parent or guardian.

- The center is open weekdays. During the school term, the center's activities concentrate on conducting educational diagnosis. Activities intended to carry out the purposes of training, research and coordinated delivery are conducted throughout the year but receive additional emphasis during the summer term.

- The center also provides specialized consultation in the areas of head injury, argumentative communication, vocational special needs, community living, early childhood and behavior disorders and other low incidence disabilities. The center maintains an extensive collection of over 15,000 individually cataloged special education materials for loan to teachers or parents of children with disabilities.

- The center conducts numerous training and in-service activities including workshops, demonstration and presentation to a variety of audiences. Student internships and practicums at the center are arranged in cooperation with Nebraska institutions of higher education. These activities serve over 1,000 parents and service providers in Nebraska.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Children served by age group:				
0-5	8	5	6	16
6-13	35	38	19	35
14-21	30	25	48	26
14-21/One-day evaluations for Kearney YRTC	159	146	174	171
14-21/Two-day vocational evaluations	18	17	18	9
Children served by disability:				
Specific learning disability	16	15	14	9
Behavioral disorder	4	2	10	8
Mental handicap	22	30	38	34
Multiple disabilities	2	4	4	0
Orthopedic impairment	2	0	1	6
Speech-language impairment	3	3	3	9
Hearing impairment	0	1	0	0
Visual impairment	0	0	0	0
Traumatic brain injury	1	3	1	1
Autism	1	0	0	0
Other health impairment	0	1	0	5
Not verified	22	9	2	5

Through instructional materials and the media center up to 750 parents are teachers are served each year.

Source of Funding

School districts are charged for diagnostic services based upon billing 10 percent of the allowable excess cost special education rate for school-age and preschool students. Federal funds under the Individuals with Disabilities Education Act are additional sources of revenue as are cash funds received for special education projects and workshops. The general fund pays for the balance of the costs The funding history for the center since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General (Administration)	$328,303	$362,929	$331,811	4343,221
Cash (Administration)	40,422	49,713	54,788	16,617
Federal (Administration)	403,225	388,178	405,425	477,447
Total	$771,950	$800,820	$792,024	$837,285

EDUCATIONAL ASSISTANCE FOR STATE WARDS

STATUTORY AUTHORITY: Section 79-445, R.R.S., 1943
YEAR ESTABLISHED: 1974
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: School districts are reimbursed by the state for the cost of educational services and transportation for children who are state or court wards including those under the guardianship of the Department of Health and Human Services when those services are provided outside the child's resident school district and the child is in out-of-home care other than foster family care.

Target Group Eligibility

- Any minor child who is adjudicated to a ward of the court or a ward of the State of Nebraska or who is placed under the guardianship of the Department of Health and Human Services will have their education and transportation costs reimbursed by the state if the child is placed outside of the resident school district of the child or the child's parents and the child is not placed in foster family care, or if the child is in a residential facility which provides special education services.

- Children under age 5 or over age 18 are not eligible to have their education expenses reimbursed by the state. (The Department of Education reimburses all educational expenses for wards under age 5 who are in the preschool handicapped program.)

Program Description

- A school district providing educational services to a non-resident state ward will be reimbursed based on the following:

    - Reimbursement for non-handicapped students is made based on the average per pupil cost multiplied by the number of days the student is enrolled.

    - Reimbursement for students with handicaps is based on rates for special education as approved by the Department of Education.

    - Reimbursement for students in regular education classes receiving special services is made proportionate to the time the child spends in each activity.

    - Transportation costs are also reimbursed.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of wards for which regular or special education was reimbursed	2,872	2,412	N/A	N/A
Number of special education reimbursements	787	685	N/A	N/A

Source of Funding . The program is supported with state general funds. The funding history since FY 1993 is shown below.

	FY 1993	FY 1994	FY 1995	FY 1996
General	$4,856,146	$3,905,977	$4,651,997	$4,035,773

EVEN START FAMILY LITERACY PROGRAM

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1992
ADMINISTERING AGENCY: Department of Education

General Information: This program serves educationally disadvantaged families through the integration of early childhood education, adult education and parent education in family-centered programs. Grants are available to local organizations to establish and implement Even Start Programs.

Target Group Eligibility

. An adult must be a parent of a child age birth through age 7 who resides in an elementary attendance area served by Chapter 1 and must be eligible to participate in an adult education program or be a parenting teen enrolled in high school.

Children must be age birth through age 7 and reside in a Title 1 attendance area.

The following organizations may apply for grants:

- A local education agency applying in partnership with a community-based organization, public agency, institution of higher education or other non-profit organization
- A community-based organization or other non-profit organization of demonstrated quality applying in partnership with a local education agency

Program Description

. Grants are awarded to organizations which include the following:

- The identification and recruitment of eligible children
- Screening and preparation of parents and children for participation, including testing, referral to necessary counseling, other developmental and support services, and related services
- Design of programs and provision of support services when unavailable from other sources
- The establishment of instructional programs that promote adult literacy, training parents to support the educational growth of their children and preparation of children for success in regular school programs
- Provision of special training to enable staff to develop the skills necessary to work with parents and young children

- Provision of and monitoring of integrated instructional services to participating parents and children through home-based programs

In the initial year a local match of no less than 10 percent of the total budget is required. This share increases each year until year 4 when the match is no less than 40 percent. Grantees are expected to demonstrate local capacity to assume the program by year 5. Former grantees may reapply for a second 4-year funding period with a local match of 50 percent.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of grants awarded	3	3	4	5

Source of Funding

This program is federally funded. The funding history from FY 1993 through FY 1996 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Federal				
Administration	$ 20,758	$ 21,255	$ 23,631	$ 23,881
Aid	394,394	403,854	448,983	453,733
Total	$415,152	$425,109	$472,614	$477,614

Administration

Five percent of the total Even Start appropriation is reserved by the State Department of Education to support .1 FTE staff, technical assistance, professional development for project staff and assistance with local evaluation.

MORTON SCHOOL DAY TREATMENT PROGRAM

ADOLESCENT CARE UNIT

STATUTORY AUTHORITY:	Sections 83-305 and 83-306 through 83-357, R.R.S., 1943
YEAR ESTABLISHED:	N/A
ADMINISTERING AGENCY:	Department of Health and Human Services

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General Information: The Morton School Day Treatment Program provides treatment for youth for whom inpatient treatment is not necessary because they seem able to remain in the community during the course of treatment and evaluation. The children may be residing at home, in residential treatment centers or in group or foster homes.

Target Group Eligibility . The Morton School Day Treatment Program serves youth between the ages of 12 and 18 years for whom inpatient treatment is not necessary. Typical problems experienced by these youth are outlined below:

- Truancy and separation anxiety disorder - Youth who have a history of consistently resisting regular school attendance and who do not respond to the remedial steps at the disposal of the education system.
- Social relations disturbances with peers, family and significant adults - Youth who display problems in getting along with parents, teachers or peers over a long period of time. These youth withdraw from social contact, making few attempts to associate with other persons and deal with others in ways that seem inappropriate or odd. These youth understand and accept social norms of behavior but because of psychiatric and emotional problems display antisocial behavior.
- Antisocial behavior - Youth who are frequently belligerent, exhibit problems following rules and balk at the requests of authority figures but do not respond by demonstrating physically assaultive behaviors.
- Unusual or inappropriate responses to the environment - Youth who appear to misinterpret cues, lack common sense or display a general and consistent lack of social skills in view of the youth's age.

Child Guidance Center of Lincoln serves as a liaison and facilities therapy needs of youth in the community.

Program Description . The program consists of formal academic school courses in the morning and structured therapy sessions in the afternoon. Recreation and off-campus family therapy can also be offered.

The program functions five days a week, Monday through Friday, from 7:30 a.m. to 4:15 p.m. It is closed on most holidays so day treatment clients are not excluded from normal family activities. The program has the capacity to serve eight youth at one time.

Each client's family is encouraged to participate in family therapy at the Child Guidance Center or other provider to assist their child in changing behavior. The day treatment team meets weekly to evaluate problems, monitor progress, plan reasonable treatment approaches and communicate behaviors in day treatment and within the family to assure day treatment and family goals are consistent.

The Morton School principal works directly with the public school central administration and the child's school when the child returns to the public school system. Some clients return to public school on a part-time basis and earn longer involvement by success in the school setting. The day treatment program coordinates efforts of the school, counseling and parents.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of youth served	14	16	23	10
Average number of visits	82	44	4	4

Source of Funding

State general funds, client fees, school system contracts and insurance provide the sources of funding for this program. Total expenditures for FY 1993 through FY 1996 are shown below. Expenditures by fund source are not available.

	FY 1993	FY 1994	FY 1995	FY 1996
All fund sources	$57,372	$32,900	$44,665	$39,320

NEBRASKA SCHOOL FOR THE DEAF

STATUTORY AUTHORITY: Sections 79-1901 to 79-1914, R.R.S., 1943
YEAR ESTABLISHED: 1869
ADMINISTERING AGENCY: Department of Education

General Information: The Nebraska School for the Deaf is located in Omaha and provides residential and educational services for individuals with hearing impairments from birth to age 21.

Target Group Eligibility

Any resident of the state under age 21 who is deaf or hard of hearing may attend school at the School for the Deaf upon the referral by their home school district.

Program Description

The Nebraska School for the Deaf provides a fully accredited educational program. A high level of technology applications are used in all facets of the program. Interscholastic and intramural athletics are integral parts of the educational program. Residential services are provided to students who require such services.

Students with severe and profound hearing impairments receive educational, functional and independent-transitional living skill training. More than 60 percent of all graduates matriculate to postsecondary programs.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Students enrolled	57	50	52	46
Residential students	29	28	29	29
Students graduated	6	6	7	6
Students severely multi-handicapped	14	14	15	15
Students attending class in local schools	2	0	0	2

Source of Funding

Tuition is charged to the school district of residence in the amount of adjusted average per pupil cost of the school district for the preceding year plus 10 percent of the allowable excess cost.

Federal fund sources are categorical funding for handicapped education, the school lunch program and vocational education. The general fund pays the balance of the costs. The funding history for the school since FY 1993 is shown on the following page:

	FY 1993	FY 1994	FY 1995	FY 1996
General (Administration)	$3,428,231	$3,209,692	$3,023,904	$2,994,787
Cash (Administration)	311,831	323,058	218,495	254,845
Federal (Administration)	38,065	35,471	23,780	32,961
Total	$3,778,127	$3,568,221	$3,266,179	$3,282,593

SCHOOL FOR THE VISUALLY HANDICAPPED

STATUTORY AUTHORITY:	Sections 79-2001 through 79-2011, R.R.S., 1943
YEAR ESTABLISHED:	1875
ADMINISTERING AGENCY:	Department of Education

General Information: The School for the Visually Handicapped is located in Nebraska City and provides residential and educational services to residents with visual impairments up to age 21.

Target Group Eligibility . Any child who is visually handicapped and who is unable to receive an adequate education in the local schools may attend the School for the Visually Handicapped upon the referral by their home school district.

Program Description . The school offers an accredited instructional program in basic subjects as well as homemaking, shop, physical education, word processing and music. Extracurricular activities such as choir, Special Olympics, student government and scouting supplement the classroom instruction. A cooperative arrangement allows high school students to attend some classes offered by Nebraska City Public Schools and participate in an independent living experience. Staff provides in-service instruction, technical assistance, pupil assessment and counseling to parents, local schools, educational service units and teacher training institutions. This program is accredited by the Nebraska Department of Education.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Students enrolled	28	23	24	14
Residential students	21	17	18	8
Students graduated	2	1	4	1
# attending class in local schools	2	1	2	3

Source of Funding . Tuition is charged to the school district of residence in the amount of the adjusted average per pupil cost of the school district for the preceding year plus 10 percent of the allowable excess cost.

Federal fund sources are categorical funding for handicapped education, the school lunch program and vocational education. General funds pay the balance of the cost. The funding history for the school since FY 1993 is shown on the following page:

	FY 1993	FY 1994	FY 1995	FY 1996
General (Administration)	$1,256,177	$1,201,047	$1,259,624	$1,280,410
Cash (Administration)	206,493	262,759	180,502	282,876
Federal (Administration)	21,963	15,606	14,095	13,369
Total	$1,484,633	$1,479,412	$1,454,221	$1,576,655

SPECIAL EDUCATION

STATUTORY AUTHORITY: Sections 79-1110 to 79-1184; Special Education Act (formerly Sections 79-3320 through 79-3354, R.R.S., 1943) and 43-2501 to 43-2513; Early Intervention Act
YEAR ESTABLISHED: 1973 (LB 403)
ADMINISTERING AGENCY: Department of Education

General Information: School districts are required to insure that all children with verified disabilities, from date of diagnosis to age 21, have available to them a free appropriate public education which includes special education and related services to meet their unique needs. The Department of Education is responsible for establishing the standards for special education programs, reviewing programs and providing financial assistance.

Target Group Eligibility

- Children with disabilities must be verified in one or more of the following categories to receive special education and related services:
  - behavioral disorder
  - deaf/blindness
  - hearing impairment
  - mental handicap/mild
  - mental handicap/moderate
  - mental handicap/sever-profound
  - multiple disabilities
  - orthopedic impairment
  - other health impairment
  - specific learning disabilities
  - speech-language impairment
  - visual impairment
  - traumatic brain injury
  - autism
- Participation of children with a verified disability under age five is voluntary.
- Resident non-public students with a verified disability must be given the opportunity to participate in special education and related services.

Program Description

- Special education services may be provided by any agency authorized by the Nebraska Department of Education to provide special education services. Only nonsectarian services can be purchased.
- Special education programs are administratively organized as Early Childhood Special Education and as School Age Programs.

- Early Childhood Education Services include all special education and related services for children with verified disabilities from birth to age five. Services coordination for infants and toddlers with disabilities below age three is jointly administered by the Department of Health and Human Services and the Department of Education.

- Programs for children with disabilities of school age are organized by levels.
    - Level I special education support services are those special education services provided to students who require an aggregate of not more than three hours of such services per week. Level I special education support services include all administrative, diagnostic, consultative and vocational adjustment counselor services.
    - Level I and Level II combination special education services shall mean those special education programs which serve both Level I and Level II students in a combined program.
    - Level II special education services are those special education and related services which are provided outside of the regular class program for a period of time exceeding an aggregate of three hours per week.
    - Level III special education contractual services are those special education and related services provided in an educational setting not operated by the resident school district whose rates are approved by the Department of Education.

- Before any action is taken with respect to the initial placement of a child with a disability, the school district or approved cooperative shall be responsible for the provision of a comprehensive individual multi-disciplinary evaluation of the child's education and developmental needs.

- The school districts establish policies and procedures to assure that, to the maximum extent appropriate, children with disabilities are educated with children who do not have disabilities and that special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

- Each school district or approved cooperative shall assure an array of special education placement options are available. Those options shall include instruction in regular classes; supplemental services such as resource room, itinerant instruction or consultative services to be provided in conjunction with regular class placement; special classes; special schools; home instruction and instruction in hospitals and institutions.

- Educational placement of each child with a verified disability:
  - is determined at least annually
  - is based on his/her individual education program or individual family service plan for infants and toddlers below age three
  - is as close as possible to the child's home

Caseload Statistics

	Dec. 1 1992	Dec. 1 1993	Dec. 1 1994	Dec. 1 1995
Students with disabilities (birth-21)	35,668	37,199	38,763	39,926
Children receiving Early Childhood services (birth-4)	2,279	2,440	2,617	2,637
Children served by disability:				
Behavioral disorder	2,693	2,760	2,817	2,879
Hearing impairment	680	684	687	663
Mental handicap/mild	3,714	4,030	4,369	4,681
Mental handicap/moderate	846	840	861	867
Mental handicap/severe	259	298	266	240
Multiple disabilities	519	446	459	473
Orthopedic impairment	772	791	836	778
Special learning disability	14,555	14,948	15,231	15,444
Speech-language impairment	10,255	10,735	11,216	11,552
Visual impairment	282	273	264	263
Deaf-Blind	4	3	6	5
Other health impairment	1,089	1,273	1,560	1,7979
Autism	--	48	83	136
Traumatic brain injury	--	70	108	146

Source of Funding

- The state provides reimbursement to school districts with general funds for 90 percent of the allowable excess costs of programs for school age children except that reimbursement for Level I services is limited to 50 percent of the average increase in allowable excess cost of these services in the preceding two years. General funds are also used to pay 90 percent of the cost of transporting school age children with disabilities and 100 percent of the cost for residential services for children with disabilities. Federal funds pay for 90 percent of the cost to educate preschool children with disabilities. Additional general and federal funds are used for staff in the State Department of Education. The funding history since FY 1993 is shown on the following page:

	FY 1993	FY 1994	FY 1995	FY 1996
General				
Administration	$ 519,450	$ 516,430	$ 512,805	$ 673,759
Aid	91,086,260	101,370,703	108,231,411	118,740,181
Cash				
Administration	2,338	2,660	7,627	456
Federal				
Administration	1,012,106	998,312	1,021,820	1,021,461
Aid	14,911,612	15,439,541	14,546,466	16,781,579
Total	$107,531,766	$118,327,646	$124,320,129	$137,217,436 *

*Title I - $28,135,650 (Administration - $359,558; Aid - $27,776,092) and Homeless - $74,238 (Administration - $40,872; Aid - $33,366) not included.

EMPLOYMENT

JOB TRAINING PARTNERSHIP ACT (JTPA)

Basic Adult and Youth Training Program and Summer Youth Employment

STATUTORY AUTHORITY:	Sections 48-1601 through 48-1615, R.R.S., 1943
YEAR ESTABLISHED:	1983 (Job Training Partnership Act, as amended by the Job Training Reform Amendments of 1992)
ADMINISTERING AGENCY:	Department of Labor

General Information: The Nebraska Job Training Program establishes programs to prepare youth and unskilled adults for entry into the labor force and affords job training to economically disadvantaged individuals which includes individuals facing serious barriers to employment and individuals in special need of such training to obtain productive employment. Job training programs are funded with federal funds through the Job Training Partnership Act.

Target Group Eligibility

To be eligible to participate in job training programs, individuals must be at least 14 years old, be economically disadvantaged or meet conditions that exempt them from the economically disadvantaged criteria.

The term "economically disadvantaged" means an individual who:

- qualifies as a homeless individual
- receives or is a member of a family which receives cash welfare payments under a federal, state or local welfare program
- is receiving food stamps pursuant to the Food Stamp Act of 1977
- is a foster child on behalf of whom state or local government payments are made
- is an individual with a disability whose own income meets the income requirements but is a member of a family whose income does not meet the requirements
- an individual or member of a family who meets the income guidelines below:

Household Size	Annual Income*
1	$ 7,740
2	10,360
3	13,410
4	16,550
5	19,530
6	22,840
Each additional person	+3,310

*1996 guidelines for Nebraska but may vary slightly in different geographic areas.

Conditions that allow for participation of individuals not meeting economically disadvantaged criteria include:

- youth (14-21) eligible for free meals under the National School Lunch Act during the most recent school year
- youth participating in compensatory education program under Chapter 1 of Title I of the Elementary and Secondary Education Act of 1965
- youth participating in school-wide projects for low-income schools
- up to ten percent (10%) of participants in programs (not Summer Youth Program) may be non-economically disadvantaged if the individual faces one or more serious barriers to employment

Not less than 65 percent of the participants in the program shall be individuals who are included in one or more of the following categories:

- disabled
- offenders
- high school dropouts
- adult cash welfare payment recipients (including JOBS program recipients)
- homeless
- basic skills deficient
- behind grade level if attending school
- pregnant or parenting youth
- special local designated category

Non-economically disadvantaged individuals may be eligible for services if they have employment barriers that can be addressed through the job training program. If applicants meet one or more of the following criteria, they may be eligible to participate:

- above the 65 percent criteria
- limited English-speaking youth
- displaced homemakers
- chemically dependent (alcohol or drug as documented by a physician or certified treatment center)
- veterans

Program Description

The programs offered under the Job Training Partnership Act are carried out by service delivery areas (SDA). The three SDAs in Nebraska are as follows:

- Greater Lincoln Service Delivery Area, which serves eligible participants in the city of Lincoln and Lancaster and Saunders counties
- Greater Omaha Service Delivery Area, which serves eligible participants in the City of Omaha and Douglas, Sarpy and Washington counties
- Greater Nebraska Service Delivery, which serves eligible participants in the remaining 88 counties in Nebraska

- Programs offered through JPTA are the following:

  - On-the-Job Training

    - On-the-job training is available in most occupational areas. This program is geared to address the needs and demands of the local labor market. Training is designed to increase individual employment potential and economic self-sufficiency.

      The training period depends on the skill level of the participant. On-the-job training is available to employers who agree to hire and train job training program participants. Employers are reimbursed 50 percent of the salaries paid during the training period.

  - Occupational Skills Training

    - Classroom training to develop occupational skills is an integral part of an overall training program. Instruction is conducted in an institutional or work site setting designed to provide or upgrade individuals with the technical skills and information required to perform a specific job or groups of jobs such as auto mechanics, health services or clerical training. The activities include job-specific competency training, job-specific school-to-work/apprenticeship programs, on-site industry-specific training, customized training, entrepreneurial training, internships and pre-apprenticeship training.

  - Basic Skills Training

    - Basic skills training is normally conducted in an institutional setting and designed to upgrade basic skills and prepare the individual for further training, future employment or retention in present employment. The training includes remedial reading, writing, mathematics, literacy training, study skills, English for non-English speakers, bilingual training, GED preparation (including computer-assisted instruction) and school to post-secondary education transition.

  - Work Experience

    - Work experience is best described as a "short-term, hands-on" position with public or private non-profit agencies. Training is provided in conjunction with education or other training programs. The work experience program is available to participants who have never worked, who have been out of the work force for an extended time, who cannot initially meet work experience requirements or educational requirements for a job and eligible youth participants. For youth only, either entry employment experience or private internships provide a formal opportunity to examine or investigate employment typically at private, for-profit worksites.

- Supportive Services

  -- Supportive services may be provided to some job training participants. These services include health care and medical exams, child care, transportation, residential assistance and financial or personal counseling. These services are provided only when needed and only if they cannot secure services without charge from community agencies. Supportive services are limited to the time needed to overcome employment barriers.

- Summer Youth Programs

  All three SDAs in Nebraska provide summer youth employment programs. Summer programs emphasize evaluating participant's interest and qualifications. The program also provides labor market information concerning job prospects for that occupation in the future.

  Youth programs provide a meaningful work experience, which:

  -- demonstrates the value of the work to be performed to the individual, the employers, her/his community and her/his city or county and state
  -- assists the youth in acquiring basic work competencies and discipline, e.g., punctuality and reliability with regard to attendance; responding to supervision and direction; cooperating with co-workers in team efforts and delivering quality work products and services
  -- impresses upon youth they are personally responsible for rewards or sanctions which may be dispensed for good or bad performance on the job
  -- offers a workplace context in which work and learning are integrated

All three SDAs are involved in YouthWorks. This is a statewide competency system which deals with pre-employment/work maturity, basic education and job-specific skills.

Caseload Statistics

. Basic Adult and Youth Training

Adult Services

	FY 1993	FY 1994	FY 1995	FY 1996
Number of participants served	1,522	1,457	1,193	N/A
Number of program terminations	730	652	456	N/A
Number entered employment	498	389	304	N/A
Cost per entered employment	$4,930	$4,992	$5,816	N/A
Cost per participant	$1,613	$1,333	$1,482	N/A
Entered employment rate	68.2%	59.7%	66.7%	N/A

Youth Services

	FY 1993	FY 1994	FY 1995	FY 1996
Number of participants served	1,067	1,012	557	N/A
Number of program terminations	538	597	280	N/A
Number entered employment	250	295	154	N/A
Cost per entered employment	$5,089	$4,574	$4,550	N/A
Cost per participant	$1,192	$1,333	$1,258	N/A
Entered employment rate	46.5%	49.4%	55%	N/A

Summer Youth Employment

	FY 1993	FY 1994	FY 1995	FY 1996
Number of participants served	1,536	1,428	1,122	986
Cost per participant	$1,363	$1,466	$1,404	$1,564

Source of Funding

All programs are funded with federal funds through the Job Training Partnership Act. The funding history of this program since FY 1993 is shown below:

Adult Services

	FY 1993	FY 1994	FY 1995	FY 1996
Funds available	$2,512,959	$2,104,156	$2,054,027	$1,970,587
Program expenditures	$2,455,168	$1,941,867	$1,768,080	N/A

Youth Services

	FY 1993	FY 1994	FY 1995	FY 1996
Funds available	$1,426,735	$1,482,926	$728,575	$282,975
Program expenditures	$1,272,204	$1,349,224	$700,656	N/A

Summer Youth Employment

	FY 1993	FY 1994	FY 1995	FY 1996
Funds available	$2,318,050	$2,332,921	$2,264,543	$2,220,577
Program expenditures	$2,093,959	$2,093,023	$1,575,449	$1,542,511

Note: Funds Available = Prior year unexpended funds plus new year allocations for SDA.

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JOB TRAINING PARTNERSHIP ACT
DISLOCATED WORKER PROGRAM

STATUTORY AUTHORITY: Sections 48-1601 through 48-1615, R.R.S., 1943
YEAR ESTABLISHED: 1983 (Job Training Partnership Act, as amended by the Job Training Reform Amendments of 1992)
ADMINISTERING AGENCY: Department of Labor

General Information: The Dislocated Worker Program provides job training to individuals who have been terminated or laid-off or have received notice of termination or lay-off because of permanent plant closure or business failure. This program also serves individuals who are determined to be long-term unemployed (unemployed at least 15 of the last 26 weeks).

Target Group Eligibility . To be eligible to participate in the Dislocated Worker Program, individuals must:

- be terminated or laid-off or have received a notice of termination for lay-off from employment; be eligible for or have exhausted their entitlement to unemployment compensation and be unlikely to return to their previous industry or occupation
- be terminated or have received a notice of termination of employment as a result of any permanent closure of a plant or facility
- be long-term unemployed and have limited opportunities for employment or reemployment in the same or a similar occupation in the area in which such individuals reside, including any older individual who may have substantive barriers to employment by reason of age
- be previously self-employed (including farmers) and be unemployed as a result of general economic conditions in the community in which they reside or because of natural disasters

Program Description . This program offers the same services provided under the Basic Adult and Youth Training Program except for work experience and youth programs.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of participants served	429	772	731	N/A
Number of program terminations	212	292	367	N/A
Number entered employment	177	236	291	N/A
Cost per entered employment	$2,747	$4,300	$3,750	N/A
Cost per participant	$1,133	$1,314	$1,493	N/A

Source of Funding . All programs are funded with federal funds through the Job Training Partnership Act. The funding history of this program since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
SDA available	$544,985	$1,171,235	$1,342,187	$1,320,194
SDA expenditures	$486,256	$1,014,686	$1,091,206	N/A

JOB SUPPORT AND FOOD STAMPS EMPLOYMENT AND TRAINING

STATUTORY AUTHORITY: Section 43-501.01, R.R.S., 1943
YEAR ESTABLISHED: 1989
ADMINISTERING AGENCY: Department of Health and Human Services/Finance & Support

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General Information: The federal Family Support Act of 1988 created the Job Opportunities and Baskc Skills (JOBS) Program. The 1996 Temporary Assistance for Needy Families (TANF) legislation eliminated JOBS as a separate program and incorporated it as one of the components of TANF. The purpose of the program is to assure that needy families with children obtain education, training and employment that will help them avoid long-term welfare dependence. This program is called JOB Support in Nebraska.

For families and individuals receiving Food Stamps and not participating in Job Support, Food Stamps Employment and Training provides job search programs, training activities and support services. Similar to Job Support, Food Stamps E & T has a purpose to assist families to become more self-sufficient. Because of a reduction in funding, effective October 1 1992, the program was reduced to serve only Douglas, Sarpy and Lancaster counties. This program, a federal requirement for participation in the Food Stamps program, is funded through federal funds and state general funds.

Target Group Eligibility

. All adults receiving an Aid to Dependent Children (ADC) grant are required to participate in the Job Support Program. The Food Stamps E & T eligibility requirements are similar. Exemptions are provided to the following individuals:

- a pregnant woman beginning with the fourth month of pregnancy
- single parents with a child under age one
- ill or incapacitated parents
- parents responsible for the care of an incapacitated household member
- a person employed at least 30 hours a week in unsubsidized employment expected to last at least 30 days and pay at least minimum wage
- a person who lives so far from a local office or service unit that the individual cannot effectively participate
- a VISTA volunteer, if he/she would have been eligible for a ADC grant upon entering VISTA
- a person age 60 or older

- Unmarried teen parents under the age of 18 who have not completed high school must participate in education activities directed toward attaining a high school diploma or GED.

Program Description

- The Job Support Program offers many different activities tailored to each client's individual situation. The program components are described in this section.
  - Educational Activities - General education which includes high school or equivalent, basic and remedial education and courses in English as a second language is provided. Post-secondary education includes educational courses in colleges, universities and community colleges that will lead to unsubsidized employment. Post-secondary education is limited to fulfillment of an individual's employment goal, not to exceed an undergraduate degree.
  - Job Skills Training - This activity includes training in employer-specific job skills in a classroom or on-site setting, including training provided by local private industry council programs, vocational rehabilitation and community colleges.
  - Job Readiness Activities - This includes activities to help prepare participants for work such as specialized teen parent programs, independent living programs, self-directed job search workshops and activities designed to help participants work through barriers that impede their progress such as breakdowns in child care or transportation.
  - Group and Individual Job Search - Group job search workshops consist of training sessions in which participants learn to prepare job applications and resumes, develop effective interviewing and job development skills and participate in other activities designed to better prepare participants for work. These activities have the goal of building self-esteem, confidence, appearance and job retention skills. Individual job search places more responsibility for the job search on the participant. A job search plan is developed and supervised on a one-to-one basis.
  - On-the-Job Training (OJT) - Subsidized employment in which participants are trained in job skills by the employer is provided. The subsidy is to defray the extraordinary costs incurred by the private or public employer in providing training and additional supervision to the participant.
  - Community Work Experience Program (CWEP) - This activity consists of unpaid work experience and training in projects which serve a useful public purpose (such as health, social service, environmental protection, education, recreation, day care and public safety). It is intended to provide experience and training for

participants not otherwise able to obtain employment. Assignments may not exceed six months and may be provided in preparation for other education and training.

  - Field Experience - This activity consists of volunteer work in public or private work sites (such as hospitals, day care centers and government offices) and is designed to provide additional work history and/or experience needed to qualify for unsubsidized employment. Assignments are full-time up to six months.

- Supportive services such as child care, transportation, work-related expenses, health-related expenses and relocation costs are also provided.

- Sanctions are imposed for non-cooperation without good cause for recipients whose participation is mandatory.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly participants	7,497	6,964	6,394	5,538
Number finding unsubsidized employment	3,788	5,739	4,260	3,924

Source of Funding

- Beginning October 1, 1996, the Job Support Program is funded through the TANF Block Grant and state general funds. Child care is available for Job Support clients. See Child Care Services for information on child care. The funding history since FY 1993 is shown below:

Job Support	FY 1993	FY 1994	FY 1995	FY 1996
General	$ 750,345	$1,853,055	$ 936,219	$1,401,843
Federal	2,644,190	1,459,042	2,639,987	2,034,518
Total	$3,678,602	$3,312,097	$3,576,206	$3,436,361

Food Stamps E & T	FY 1993	FY 1994	FY 1995	FY 1996
General	$169,948	$ 83,693	$ 82,842	$178,023
Federal	363,752	217,799	377,990	351,358
Total	$533,700	$301,492	$460,832	$529,381

ENFORCEMENT SERVICES

CHILD SUPPORT ENFORCEMENT

STATUTORY AUTHORITY:	Sections 42-364.01 through 42-379; 42-701 through 42-7105; 43-512 through 43-512.15; 43-1401 through 43-1416; 43-1701 through 43-1743 and 77-27,160 through 77-27,173, R.R.S., 1943
YEAR ESTABLISHED:	1975
ADMINISTERING AGENCY:	Department of Health and Human Services

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General Information: The Child Support Enforcement Program provides the following sedrvices: location of non-custodial parents; establishment of paternity; establishment of financial and medical support orders; review and modification of child support and medical support and enforcement of financial and medical support orders. The goals of the program are to provide financial and medical support to families so they will not have to apply for or receive public assistance and to reduce public assistance and Medicaid expenditures. This program is a federal requirement and is funded through state and federal dollars.

Target Group Eligibility .	The Child Support Enforcement Program is available to all parents in need of its services. Families which receive Aid to Dependent Children payments and Medicaid are required to cooperate with the Support Enforcement Division in establishing paternity and getting support from all non-custodial parents as a condition of eligibility unless "good cause" is shown. Conditions which may be considered "good cause" are that physical or emotional harm to the child or the primary caretaker may result if the non-custodial parent is contacted, the child was conceived as a result of incest or forcible rape or legal proceedings for adoption of the child are pending before a court.
Program Description .	Child Support Enforcement assists individuals, courts and prosecutors in the location of non-custodial parents; modification of support orders; the establishment of paternity and the establishment and enforcement of support obligations owed by non-custodial parents to minor children. A parent who is more than one month is arrears in child support payments may have a portion of income withheld from his/her paycheck through automatic income withholding. Rather than requiring a court hearing, the withholding is administrative and requires less time. Liens may also be placed upon real and personal property of the owing parent. Computer matches of non-custodial parent information made with the Internal Revenue Service and the State Revenue and Labor Departments enable income tax refunds and unemployment benefits to be intercepted for delinquent child support obligations.

The department has contracts with birthing hospitals to obtain paternity information from parents of children born out of wedlock. Hospital staff work with the parents who are given the opportunity to sign a paternity affidavit which is forwarded to vital statistics along with the birth certificate. Vital statistics adds the father's name to the birth certificate.

State legislation, passed in the 1997 session, contained several new enforcement tools. The legislation allows for the suspension of a non-custodial parent's driver's license, professional or occupational license and/or recreational license if the person is at least three months in arrears in support payments. Another provision of the bill requires all employers in the state to provide the department with information on all new employees. The department is also authorized in this legislation to subpoena certain financial information without obtaining an administrative court order. The director will be able to seize money in a bank account if the obliger is more than three months in arrears.

A family that terminates from the ADC program is automatically eligible for continued child support services. However, the state may continue to recover a portion of the child support payment to offset an existing state debt. The family, however, is entitled to receive the amount owed for the current month's obligation. Any amount collected in excess is sent to the family for unpaid support that accrued after the family terminated from the ADC program. Any excess above that will be retained by the state until the total amount of state debt has been recovered.

States and political subdivisions are eligible to receive incentive payments for the efficient and effective collection of child support payments. The state will receive 6%-10% of the collections based upon their cost to collection ratio. The state distributes the incentive funds to political subdivisions based on their ratios of administrative costs to total collections.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Collections for ADC families*	$11,444,651	$11,260,213	$12,536,944	$13,696,201
Collections for non-ADC families	63,799,627	73,273,336	81,173,015	88,861,647
Estimated amount owed to ADC families	32,982,529	37,471,999	40,634,866	40,839,717
Average child support collection cases (monthly average)	26,223	26,699	28,073	29,942

*Includes foster care

Source of Funding

Administrative costs are shared between the state and the federal government. The federal share for operational costs is 66% and for system development is 90%. The funding history since FFY 1993 is shown below:

	FFY 1993	FFY 1994	FFY 1995	FFY 1996
State share	$2,741,424	$3,080,025	$4,046,865	$ 6,717,563
County share	2,624,813	2,358,340	2,443,952	3,454,067
Federal share	11,834,946	12,514,645	19,692,415	20,007,495
Total	$17,201,183	$17,953,010	26,183,232	$30,179,255

Incentives are earned on ADC and non-ADC child support collections. The majority of incentive payments are passed through to the counties for child support collection activities. A portion is retained by the state. The estimated amount of incentive payments is shown below:

	FFY 1994	FFY 1995	FFY 1996
Incentive payments			
Retained by the state	$ 914,217	$1,067,005	$1,116,433
Retained by the county	538,346	550,262	650,338
Total	$1,452,613	$1,617,267	$1,766,771

EARLY CHILDHOOD LICENSING

STATUTORY AUTHORITY: Sections 43-2605 and 71-9108 through 71-1918, R.R.S., 1943
YEAR ESTABLISHED: 1943
ADMINISTERING AGENCY: Department of Health and Human Services

General Information: Nebraska law requires child care providers to obtain a license to operate from the Department of Health and Human Services/Licensure and Regulation. Fees cover part of the cost of licensing. General funds also support this activity.

Target Group Eligibility

. The following early childhood facilities are required to be licensed in Nebraska.

- day care homes
- group day care homes
- day care centers
- pre-schools

Family day care homes not required to be licensed may voluntarily register with the department.

Program Description

. Licensing is required for child care facilities or preschool programs which provide a program for four or more children at any one time from families other than that of the provider for less than 12 hours a day but more than 2 hours a week. Examples of the areas regulated by the state are ratio, staff, nutrition, materials and equipment, discipline, sanitation and fire safety. Inspections are made to all licensed programs except family day care homes, once per year. Licenses are renewed biennially.

Family day care home providers self-certify compliance with regulations and are inspected within 60 days of the issuance of the license.

A toll-free hotline is available to provide immediate response to questions from early childhood providers.

Caseload Statistics

. The number of licenses and registrations as of June are shown below.

	FY 1993	FY 1994	FY 1995	FY 1996
Day care homes	3,651	3,933	4,000	3,777
Group day care homes	228	254	273	325
Day care centers	585	651	687	724
Preschools	325	313	309	312
Total	4,789	5,151	5,269	5,138

Source of Funding . Licensing fees pay for part of the cost of regulation. Fees for licensing range from $25 to $50. General funds pay for the balance of the costs not covered by fees. In FY 1993, early childhood licensing review and resource development were combined into one cost center.

	FY 1993	FY 1994	FY 1995	FY 1996
General	$1,049,051	$948,717	$1,041,603	$1,059,379

FOSTER/RESIDENTIAL CARE LICENSING

STATUTORY AUTHORITY: Sections 71-1901 through 71-1905, R.R.S., 1943
YEAR ESTABLISHED: 1943
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: Nebraska law requires foster care providers and child placing agencies to obtain a license to operate from the Department of Health and Human Services/Licensure and Regulation. Fees cover part of the cost of licensing. General funds also support this activity.

Target Group Eligibility . The following facilities and agencies are required to be licensed in Nebraska:

- foster homes
- group homes
- child caring agencies
- child placing agencies

Program Description . For foster homes, residential care facilities such as group homes and child caring agencies, examples of the areas regulated by the state are the physical environment including fire safety and sanitation, nutrition services and the actual child care that is provided. Inspections are performed at least annually and licenses are renewed yearly.
For child placing agencies, examples of regulated areas are administration, finances, records and reports, personnel, confidentiality and the preparation of parents.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Foster homes	637	560	676	925
Group homes	19	16	11	15
Child caring agencies	15	22	18	28
Child placing agencies	19	19	17	23

Source of Funding . Fees for licensing group homes, child caring agencies and child placing agencies are $25. There are no fees for licensing foster homes. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$381,923	$408,885	$345,337	$214,665

FOOD AND NUTRITION

CHILD AND ADULT CARE FOOD PROGRAM

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1975
ADMINISTERING AGENCY: Department of Education

General Information: This program provides funds and donated food items to non-residential child care facilities to serve nutritious meals and snacks. The program is administered at the federal level by the U.S. Department of Agriculture.

Target Group Eligibility . Any child at a participating child care facility may receive a subsidized meal. Income guidelines are the same as the School Lunch and Breakfast Program.

Eligible institutions are:

- child care centers
- outside-school-hours care centers
- family day care homes

For profit, child care centers must receive compensation from the Title XX Program for 25 percent of enrolled children or licensed capacity to participate.

Program Description . The provider receives a reimbursement for each meal. The highest reimbursement is provided for free meals.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Children centers	174	190	201	198
Average daily participation	12,516	12,152	13,544	13,284
Family day care home sponsors	7	8	8	8
Homes	3,558	3,556	3,790	3,732
Average daily participation	22,576	22,090	24,626	24,339

Source of Funding .

	FY 1993	FY 1994	FY 1995	FY 1996
Federal (Aid)	$18,627,085	$20,877,249	$23,050,214	$23,451,623

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

STATUTORY AUTHORITY: Sections 71-2209 through 71-2230, R.R.S., 1943
YEAR ESTABLISHED: 1969
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The Commodity Supplemental Food Program is a federal program which provides specific commodities to low-income pregnant women, infants and children, and seniors sixty years and greater. The following description only addresses the program as it applies to women and children.

Target Group Eligibility . The Commodity Supplemental Food Program is available to pregnant women, postpartum and breastfeeding women and children up to six years of age. In order to qualify, applicants must meet income, residency and categorical eligibility requirements. Individuals who are participating in the WIC Program cannot participate in the CSFP at the same time. Individuals may transfer between the two programs, however. The income guidelines are set at 185 percent of the poverty level as shown below:

Income

Number in Household	Annual Income
1	$14,597
2	19,629
3	24,661
4	29,693
Each additional person	+5,032

Program Description . Commodity foods are donated by the USDA to Nebraska and distributed to eligible clients. The amounts and kinds of foods issued depends on the age and special condition of the individual certified for the program. Infants receive iron-fortified formula and after four to six months may also receive rice cereal and juice. Women and children may receive the following:

- evaporated or non-fat dry milk
- egg mix
- canned fruits and vegetables
- canned juices
- cereal
- canned meat, peanut butter or dry beans
- instant potatoes, rice or macaroni
- honey
- cornmeal

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly participants	14,914	14,265	13,910	13,308

Source of Funding

. The CSFP is funded through the U.S. Department of Agriculture (USDA). Funds and commodities are made available to the Department of Health and Human Services Finance and Support, which contracts with participating local agencies to operate the program at the local level. The funding history for administrative expenses is shown below:

	FFY 1993	FFY 1994	FFY 1995	FFY 1996
Federal	$743,655	$749,724	$793,846	$692,013

THE EMERGENCY FOOD ASSISTANCE PROGRAM AND SOUP KITCHEN/FOOD BANK PROGRAM

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1982
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The U.S. Department of Agriculture (USDA) provides surplus food items to the states for distribution to low-income families and individuals.

Target Group Eligibility

- Individuals and families who participate in the following programs automatically qualify for participation:

  - Food Stamps
  - Aid to Dependent Children
  - State Supplement to Aged, Blind and Disabled
  - Energy Assistance
  - State Disability
  - Refugee Assistance
  - Medicaid
  - Title XX Social Services

  Households whose income is at or below 150 percent of poverty are also eligible.

- These commodities are also available to food banks, pantries and soup kitchens which serve needy families and individuals.

Program Description

- The types of commodities available in this program are determined by the U.S. Secretary of Agriculture. Once the secretary determines which USDA commodities are not needed by the school lunch program, export programs and strategic reserves, quantities of surplus foods are released to the states based upon the state's proportion of individuals living below the poverty level and the percent of the population which is unemployed.

  The Nebraska Department of Health and Human Services' local offices are responsible for distributing commodities in mass distributions which are done quarterly in each county. Local organizations and volunteers help with the distribution of food items to individuals.

  The program is a declaratory program. That is, there is no application. The household requesting commodities must sign a form indicating that they are eligible to receive the commodities.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average household served quarterly	37,852	28,744	21,735	11,868
Value of commodities	$1,018,816	$808,443	$911,398	$360,021

Source of Funding

The Federal Temporary Emergency Food Assistance Program (TEFAP) grant pays for storage and transportation of commodities and a minimal amount of Community Action agency staff time. Community Services Block Grant (CSBG) funds also pay for storage and transportation of commodities. Department of Health and Human Services' employees are paid from the general fund and volunteers distribute the commodities.

	FY 1993	FY 1994	FY 1995	FY 1996
General	$ 64,500	$55,705	$85,377	$54,836
Federal:				
TEFAP	139,503	129,869	185,795	104,629
CSBG	5,129	4,093	4,389	930
Total	$209,132	$189,667	$275,561	$160,391

FOOD DISTRIBUTION PROGRAM

STATUTORY AUTHORITY:	None
YEAR ESTABLISHED:	National School Lunch Act established in 1946
ADMINISTERING AGENCY:	Department of Health and Human Services

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General Information: The U.S. Department of Agriculture (USDA) provides food items to the states which distribute the items to qualified institutions and programs. The purpose of this program is to safeguard the health of children and other recipients through better nutrition by supplying food to needy families and to assist the agricultural economy of states such as Nebraska by USDA purchases of agricultural products.

Target Group Eligibility

. The list of eligible institutions and programs provided below are only those which serve children and families. This program also provides surplus food items to other selected organizations such as those that serve the elderly.

- schools and residential child care institutions
- charitable institutions
- summer camps for children
- summer feeding service programs for children

Program Description

. The kinds and quantity of foods the USDA donates to schools and institutions vary. Items generally included are:

- cereal and grain products such as oats, pasta and rice
- peanut and oil products such as roasted peanuts, peanut butter and soybean oil

. Bonus items such as flour, honey, corn meal and cheese are also provided.

. The USDA also provides meats, fruits and vegetables to child nutrition programs.

. Recipient agencies do not pay for the food but do pay a minimal charge for transportation and storage.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of children served	195,016	189,847	188,206	198,597

Source of Funding . Recipient agencies pay for transportation and storage. Department of Health and Human Services administrative staff are paid from general funds and a U.S. Department of Agriculture grant called the State Administrative Expense (SAE) grant. The estimated grant amounts are shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Federal	$50,056	$55,705	$51,176	$59,150

FOOD STAMP PROGRAM

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1965 (not statewide until 1974)
ADMINISTERING AGENCY: Department of Social Services

General Information: The Food Stamp Program is a federal program administered by the states. Food stamps are provided to eligible low-income individuals and families and are spent like cash for food. The program is intended to supplement other income to help low-income families provide more nutritious meals.

Target Group Eligibility

. Individuals and families who meet the income and resource guidelines shown below are eligible for the Food Stamp Program.

- Income before taxes is counted toward eligibility. Income includes earnings, social security and child support. There is a standard deduction of $134 a month. Under certain conditions a portion of dependent care, housing and utilities may be deducted. Gross income guidelines are shown in the following chart:

Household Size	Annual Income
1	$10,068
2	13,476
3	16,884
4	20,280
Each additional member	+3,408

- Resources which include cash, checking and savings accounts, stocks, bonds and land and buildings other than a home cannot exceed $2,000 in value. Households with an individual 60 or older have a resource limit of $3,000. Items excluded from the resource limit are a home and the land on which the home is located, farm or business property and most personal possessions. In most cases, a car with equity of $4,650 or less does not count toward the resource limit.

Able-bodied individuals between 18 and 50 with no dependents must work 20 or more hours a week. A recipient may receive benefits for three months every three years without meeting the work requirements.

Program Description

- Food stamps are spent like cash at most stores that sell food. Food stamps may only be used for food and for plants and seeds to grow food.

  - Food stamps cannot be used to buy:
    - alcoholic beverages
    - tobacco or cigarettes
    - household supplies, soaps and paper products
    - medicines or vitamins
    - any other non-food items
    - food that will be eaten in the store
    - hot foods that are ready to eat
    - pet foods

  Recipients are required to report changes in certain household circumstances on a monthly basis or when changes occur.

- Food stamp benefit levels vary depending on the household's income and the number of people in the household.

Caseload Statistics

- The figures below are for all food stamp recipients:

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly households	44,699	45,095	43,752	42,542
Average monthly persons	112,292	111,831	106,573	102,053
Public assistance households	14,525	13,648	12,485	11,783
Non-public assistance households	30,174	31,448	31,266	30,759

Source of Funding

- The food stamp coupons are issued and funded by the federal government. Fifty percent of the administrative costs of the program are paid by the state; the balance is paid by the federal government. The expenditures shown are for the entire food stamp program. The issuance history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Value of coupons	$80,904,769	$81,036,631	$78,756,915	$77,952,754

SCHOOL LUNCH AND BREAKFAST PROGRAM

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1946 (School Lunch Act)
ADMINISTERING AGENCY: Department of Education

General Information: The School Lunch and Breakfast Programs are federal programs designed to provide balanced low-cost or free lunches and breakfasts to children. At the federal level, the programs are administered through U.S. Department of Agriculture. Local school districts administer the program at the local level.

Target Group Eligibility

. Any child at a participating school may purchase a meal. Children from families with incomes at or below 130 percent of poverty are eligible for free meals. Children from families with incomes between 130 and 185 percent are eligible for reduced-price meals. Children from families over 185 percent of poverty must pay the full price.

Income guidelines at 130 percent and 185 percent of poverty are shown below for FY 1997:

Household Size	Yearly Income (130%)	Yearly Income (185%)
1	$10,062	$14,319
2	$13,468	$19,166
3	$16,847	$24,013
4	$20,280	$28,860
5	$23,686	$33,707
Each additional person	$3,406	$4,847

Program Description

. Schools participating in the lunch program must meet a meal pattern established by the U.S. Department of Agriculture that offers specific minimum amounts of the following food items: meat or meat alternative, bread or bread alternative, milk and two fruits and/or vegetables.

Schools receive cash reimbursements for each meal served. The highest reimbursement rate is paid for free lunches. Schools may also receive commodities.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
School lunch programs	961	1,006	1,013	1,018
Average daily participation in school lunch program	188,320	193,085	193,503	196,623
School breakfast programs	241	311	369	385
Average daily participation in school breakfast programs	14,195	17,180	19,490	21,592

Source of Funding

This program is funded with a combination of state general and federal funds.

	FY 1993	FY 1994	FY 1995	FY 1996
Federal (Aid)	$24,464,750	$25,846,000	$27,305,608	$28,299,020
State (Aid)	499,631	492,390	492,312	492,300
Total (Aid)	$24,964,381	$26,338,390	$27,797,920	$28,791,320
Federal (Administration)	$638,267	$676,302	$680,020	$787,733
State (Administration)	42,162	42,028	42,851	42,485

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SUMMER FOOD SERVICE PROGRAM

STATUTORY AUTHORITY:	None
YEAR ESTABLISHED:	1975
ADMINISTERING AGENCY:	Department of Education

General Information: This program provides funds for meals and snacks for children in needy areas when school is not in session during the summer.

Target Group Eligibility

. Any child age 18 or under may participate. Sponsorship is limited to the following:

- public or private non-profit school food authorities
- units of state or local government
- public or private non-profit residential summer camps
- private non-profit organizations that operate special summer or school vacation programs

Current law defines the target area as one in which one-half or more of the children are from households with incomes at or below 185 percent of poverty. Homeless feeding sites may participate regardless of location.

Program Description

. Participants may receive one or two meals daily. Residential camps and programs serving migrant households may be approved for up to four meals a day.

Sponsors are reimbursed for actual documented costs or by the total number of meals served by type of meal (lunch, breakfast or snack).

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Sponsors	22	21	22	22
Average daily participation	6,634	7,115	7,294	7,688

Source of Funding

	FY 1993	FY 1994	FY 1995	FY 1996*
Federal				
Aid	$444,170	$447,688	$452,118	$529,573
Administration	23,037	28,546	20,042	19,454
Total	$467,207	$476,234	$472,160	$549,027

*FY 1996 not yet completed.

HEALTH AND MEDICAL

CHILD DEATH REVIEW TEAM

STATUTORY AUTHORITY: Sections 71-3404 through 71-3411, R.R.S., 1943
YEAR ESTABLISHED: 1993
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: The Child Death Review Team is appointed by the director of the Department of Health and Human Services. The team will have between 8 and 12 members. Core members consist of the director of maternal and child health in the Department of Health and Human Services, a senior child protective services staff member, a forensic pathologist, a law enforcement representative and an attorney. The balance of the team may include the following: a county attorney, an FBI agent responsible for investigations on Native American reservations, a social worker and representatives of hospitals and physicians.

Target Group Eligibility . The team reviews all child deaths (birth to age 18) occurring on or after January 1, 1993.

Program Description . The responsibilities of the team include the following:

- annual statistical studies of the causes and incidence of child deaths in this state
- development of a protocol for retrospective investigation of child deaths by the team
- development of a protocol for collection of data regarding child deaths by the team
- recommendations regarding training needs, including cross-agency training and service gaps
- an annual report with recommendations on changes to any law, rule, regulation or policy needed to decrease the incidence of preventable child deaths
- education of the public regarding the incidence and causes of child deaths, the public role in preventing child deaths and specific steps the public can undertake to prevent child deaths

All information and records acquired by the team in the exercise of its duties shall be confidential and exempt from disclosure except as necessary to carry out the purposes of the law.

Caseload Statistics . During the state fiscal year 1996, the team reviewed 332 cases for the deaths that occurred in calendar year 1993.

Source of Funding . Funding is not tracked.

DENTAL HEALTH

STATUTORY AUTHORITY: Sections 71-193.03, 71-2207 and 81-603, R.R.S., 1943
YEAR ESTABLISHED: 1949
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The Dental Health Program provides comprehensive dental services for children who would not otherwise receive care because of economic or other reasons beyond their control. This program is funded by the Maternal and Child Health Block Grant.

Target Group Eligibility . The Dental Health of Children Program serves school and preschool age children from low-income families who do not qualify for Medicaid.

Program Description . The Dental Health of Children Program serves 1) as an entry point into the dental health delivery system for eligible children and 2) to improve the qualify of services necessary to prevent disease and restore and maintain oral health.

Project services include:

- preventative services
- examination and diagnosis
- treatment
- correction of defects
- aftercare

In Nebraska, these programs located in rural areas are structured so as to utilize the services of private dental practitioners through contractual agreement. Four community action agencies in Richardson, Nemaha, Dakota and Red Willow counties determine client eligibility and refer eligible children to one of the approximately 30 contract dentists in 10 counties.

Caseload Statistics . This program serves approximately 300 children a year.

Source of Funding . Federal funds from the Maternal and Child Health Block Grant support this program. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Federal	$38,092	$37,630	$38,378	$23,995

DISABLED PERSONS AND FAMILY SUPPORT PROGRAM

STATUTORY AUTHORITY: Sections 68-1501 through 68-1520, R.R.S., 1943
YEAR ESTABLISHED: 1981 (not funded until 1984)
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The Disabled Persons and Family Support Program coordinates and purchases services and items to assist employed adults with disabilities, to help families keep family members with disabilities in their homes or to support persons with disabilities who live independently.

Target Group Eligibility

- The Family Support Program serves three populations:
  - Families with a family member with a disability (either adult or child) living with them who need some form of support to prevent out-of-home placement
  - Persons who have disabilities and are employed (or could be employed), earning at least $500 per month, who need some form of support to maintain employment
  - Adults with disabilities who reside in an independent living situation who need support to maintain their independence
- The maximum monthly income cannot exceed the following:

Family Size	Annual Income
1	$16,368
2	21,408
3	26,436
4	31,476
5	36,516

- Medical information must also be provided to determine if there is a severe, chronic disability.

Program Description

- This program can authorize payment for disability-related expenses. Some examples of the types of assistance provided are shown below:
  - architectural home modifications to remove barriers
  - attendant care
  - non-medical costs incurred during treatment
  - counseling or training
  - home health care
  - housekeeping
  - special equipment
  - respite care
  - transportation

A committee composed of representatives of local service and advocacy agencies and the Department of Health and Human Services review the applications and make recommendations. Services are not covered if available from any other source. The maximum cost for a service cannot exceed $300 a month averaged over the number of months in the eligibility period.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of adults:				
Living with care-giving relative	128	156	106	99
Living independently	150	154	129	126
Employed	17	23	12	12
Number of children	134	108	31	29

Source of Funding

This program is supported through the general fund. Annual expenditures for FY 1993 through FY 1996 are shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$468,546	$521,067	$486,153	$381,162

IMMUNIZATION

STATUTORY AUTHORITY:	Sections 79-401 through 79-444.04, R.R.S., 1943
YEAR ESTABLISHED:	1969
ADMINISTERING AGENCY:	Department of Health and Human Services/Finance and Support

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General Information: The Immunization Program functions primarily as a preventive program in the areas of vaccine-preventable diseases. The program is designed to raise immunization levels in individuals from infancy through adulthood. The Vaccines for Children Program places vaccine directly into private physicians' offices for patients who are unable to pay for it.

Target Group Eligibility

- The Immunization Program serves all Nebraska citizens with particular attention to those from birth through 20 years of age.

Program Description

- Immunization is provided to ensure protection from the following diseases: diphtheria, tetanus, pertussis, polio, measles, rubella, mumps, hepatitis B and hemophilus influenza B.
- Vaccine is administered in public immunization clinics located in 85 counties. Sixteen of the clinics operate out of county health departments. Vaccine is also provided to the University of Nebraska Medical Center, Creighton Clinic and Charles Drew Clinic (Omaha); Winnebago Public Health Service Hospital and Carl T. Curtis Health Clinic (Thurston County); Job Corps (Chadron); and Youth Rehabilitation and Treatment Centers (Kearney and Geneva).

Services

- The Immunization Program monitors specific disease protection levels in day care centers and schools. All suspected communicable diseases are investigated in order to rule out or confirm the disease.

  Before immunizations are administered, parents are asked a series of questions intended to detect children for whom vaccines would be medically contraindicated. These children are referred to a private physician for services. In addition, all clients are requested to provide the name of their health care providers so that immunization histories may be forwarded. Those without a private physician are counseled regarding the importance of establishing a relationship with a medical clinic.

  Any child suspected of having a communicable disease is referred to the private health care provider.

Caseload Statistics . The percent of children who are appropriately immunized are shown in the chart below. The information is for the school year.

	FY 1993*	FY 1994*	FY 1995
At 24 months of age	60.0%	60.7%	73.0%
School age (K-12)	96.6%	96.8%	99.4%

*estimated

Source of Funding . The Immunization Program is primarily funded with federal funds. State funding has also been provided to meet the maintenance of effort requirement and to expand the program to all children not covered by insurance or Medicaid. The funding history since CY 1993 is shown below:

	CY 1993	CY 1994	CY 1995
General	$ 77,141	$ 36,041	$ 392,409
Federal	438,561	664,299	1,004,143
Vaccine (provided in lieu of cash)	1,101,569	2,213,212	3,386,127

MATERNAL AND CHILD HEALTH BLOCK GRANT

STATUTORY AUTHORITY: Chapter 21, Article 22, R.R.S., 1943
YEAR ESTABLISHED: N/A
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: Under Title V of the Social Security Act of 1935 as amended, Nebraska receives federal funding to address the health needs of all mothers and children, with particular responsibility towards low-income individuals or other populations with limited access to care. States are required to match each $4 of federal funds with $3 in cash or in kind contributions.

Target Group Eligibility

. The projects provide services to low-income, high risk mothers and infants, to children and adolescents and to children with chronic handicapping or disabling conditions.

Program Description

. The following services are provided through projects targeted for mothers and infants:

- pregnancy testing and counseling
- care coordination for low-income women at risk for poor pregnancy outcomes
- assessment, intervention and follow-up for women who are pregnant or postpartum
- prenatal education for pregnant women
- nursing assessment and intervention including counseling and education for families of newborns, especially newborns at risk
- individualized education, assessment and intervention by home visits to pregnant and postpartum women and newborns who are at high risk, whether due to medical conditions or regional, economic or ethnic factors
- prevention of possible birth defects through education to health professionals and the general public of teratogenic substances
- parenting education and support for high risk populations
- family planning services
- nutrition education to promote optimum dietary practices

. The following services are provided through projects targeted for children and adolescents:

- prenatal education, home visits, health screening, direct care and follow-up to pregnant adolescents
- health screening, history, physical examinations, nutrition counseling and anticipatory guidance
- acute and chronic care
- preventative and simple intervention dental care
- mental health services
- immunizations
- access to Health Check services through Medicaid
- teen pregnancy prevention education and intervention

- nutrition education
- assessment of lead poisoning status
- coordination of county maternal and child health activities
- supplemental funding for family planning services
- coordinator for school nursing
- dental health and dental education services
- newborn screening program support
- "Baby Your Baby" newsletter
- birth defects registry
- Hispanic Mental Health Outreach Project
- maternal care in homeless shelters
- data analysis of urban Indian health issues
- effects of managed care on children in Head Start

. A major part of funding for children with special health care needs is provided through the Department of Health and Human Services. This program is described under "Medically Handicapped Children's Program." Other projects supported through this component are listed below:

- support for an interagency council on case management and parent support for children with special health care needs, 0 through age 3
- case management for medically fragile children and their families
- continuing medical education for health professions
- support of screening, diagnostic and treatment for children with phenylketonuria and other metabolic disorders
- genetic diagnosis and support services
- birth defects registry

Funds are allocated through a competitive grant process. Following federal requirements, funds will be targeted to "Healthy People 2000" goals identified as priorities by the Nebraska Department of Health and Human Services/Finance and Support.

Caseload Statistics . Not applicable to this program.

Source of Funding . Federal funds are from the Maternal and Child Health Block Grant. At least 30 percent of the block grant must be spent on children and adolescents and at least 30 percent must be spent for family-centered, community-based coordinated care for children with special health care needs and for the development of community-based systems of care for these children and their families. Funding for the Medically Handicapped Children's Program is not included in these figures. Those figures are shown with that program's narrative. The funding history since FY 1993 is shown on the following page.

	FY 1993*	FY 1994*	FY 1995*
General	$1,494,000	$1,819,000	$1,785,173
Federal	3,570,019	3,153,242	3,290,817
Total	$5,064,019	$4,972,242	5,075,990
In-kind and other contributions	$2,738,000	$2,090,000	$1,805,064

*estimated

MEDICAID

AID TO DEPENDENT CHILDREN AND MEDICALLY NEEDY

STATUTORY AUTHORITY:	Sections 68-1018 through 68-1025, R.R.S., 1943
YEAR ESTABLISHED:	1965
ADMINISTERING AGENCY:	Department of Health and Human Services/Finance and Support

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General Information: The Medicaid Program covers medical services for all individuals in families who qualify for the Aid to Dependent Children Program. The Medically Needy Program provides medical assistance to persons who meet the programmatic requirements of the Aid to Dependent Children (ADC), AABD and Ribicoff Programs but exceed the income or resource requirements. The Medically Needy Program is a state option under the Medicaid Program. Eight categories of medical services must be covered by state Medicaid Programs to obtain federal financial participation. Coverage of medical services beyond the eight required categories are a state option under Medicaid. Nebraska covers 24 optional services. Other types of medical assistance offered in Nebraska under the Medicaid Program are the Ribicoff and School Age Medical Programs, Foster Care and coverage for pregnant women and children with incomes below 150 percent of the poverty level. These programs are described separately.

Target Group Eligibility

- All individuals in families qualifying for ADC are automatically eligible for Medicaid assistance.

- An individual is eligible for the Medically Needy Program if the following criteria is met:

  - An individual is under age 19 who meets the ADC Program requirements, or an individual is under age 21 and is disabled or blind.

  - Monthly income is at or below 133 percent of the ADC standard or monthly income in excess of 133 percent of the ADC Standard must be expended on medical care.

    The process by which clients expend "excess" income for medical care is referred to as the "spend down" process. Eligibility is certified on a six-month basis.

Program Description

. The following medical services are covered:

- inpatient and outpatient hospital care*
- services within licensure of practitioners licensed to practice medicine (including physicians*), surgery*, dentistry, osteopathy*, chiropractic, podiatry, optometry, nursing or physical therapy
- laboratory and x-ray services*
- prescribed drugs, appliances and health aids
- care in institutions for mental diseases for children under age 21
- early and periodic screening of children*
- family planning*

. Controls and limitations are applied to each of the medical services covered. The restrictions are tailored to the type of service.

*mandatory service

Caseload Statistical

. The following statistics include Medically Needy and ADC transitional benefit recipients in addition to individuals under the regular ADC coverage.

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly eligibles	68,206	59,781	57,470	60,197

Source of Funding

. The Medicaid Program is supported by federal and state general funds. Until July 1, 1986, counties also shared in part of the costs. The federal match rate is evaluated every year and is never less than 50 percent. In FY 1994, the match rate is 40.78 percent general and 59.22 percent federal. The funding history for ADC-related cases and medically needy recipients since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$ 38,710,492	$37,424,516	$36,236,285	$40,216,111
Federal	63,454,966	60,571,074	57,615,788	59,600,495
Total	$102,165,458	$97,995,590	$93,852,073	$99,816,606

MEDICAID

AID TO DEPENDENT CHILDREN TRANSITIONAL BENEFIT

STATUTORY AUTHORITY: Section 43-512, R.R.S., 1943
YEAR ESTABLISHED: 1988
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: Time-limited medical assistance is extended to former Aid to Dependent Children (ADC) families who leave the program due to employment.

Target Group Eligibility	Former ADC families who lose their grant eligibility due to increased earnings, increased hours of employment or who have lost their disregards are eligible for a six-month extension of medical benefits. An additional six months of coverage may be provided if reporting requirements are met and the family's income is below 185 percent of the poverty level.
Program Description	All medical services provided under regular coverage of the Medicaid Program are available to these individuals (see Medicaid-Aid to Dependent Children).
Caseload Statistics	Statistics for this program are included under Medicaid-Aid to Dependent Children.
Source of Funding	Funding for this program is included under Medicaid-Aid to Dependent Children.

MEDICAID

FOSTER CARE

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1965
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: Medical coverage is provided to all state wards and all children in the subsidized adoption programs through the Medicaid Program.

Target Group Eligibility . State wards and children in subsidized adoption programs are eligible for medical assistance.

Program Description . This program covers all medical services described under Medicaid-Aid to Dependent Children.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly eligibles	4,763	4,846	5,086	5,436

Source of Funding . This program is funded the same as Medicaid-Aid to Dependent Children.

	FY 1993	FY 1994	FY 1995	FY 1996
General	$10,402,277	$12,559,188	$ 9,439,426	$11,586,954
Federal	17,051,608	20,326,877	15,008,713	17,171,928
Total	$27,453,885	$32,886,065	$24,448,139	$28,758,882

MEDICAID

PREGNANT WOMEN AND CHILDREN

STATUTORY AUTHORITY: Section 68-1020, R.R.S., 1943
YEAR ESTABLISHED: 1988 through 1991
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: This program provides Medicaid coverage to pregnant women and certain children who meet the established income standards. There are no resource tests associated with this program unlike other categories of eligibility under Medicaid.

Target Group Eligibility . Pregnant women and children up to age one are eligible for Medicaid with a family income up to 150 percent of poverty. This is called the Enhanced Medical Assistance Program for Children (EMAC). Children up to age six whose family income does not exceed 133 percent of the federal poverty level are eligible through the Medical Assistance for Children (MAC) Program.

The income guidelines for 1997 are shown below:

Family Size	133% of Poverty	150% of Poverty
1	10,494	11,835
2	14,111	15,915
3	17,729	19,995
4	21,347	24,075
5	24,964	28,155
Each additional person	+3,618	+4,080

Program Description . For pregnant women, the only medical services available are those relating to the pregnancy, prenatal care and postnatal care for 60 days after the birth of the baby. For children, all medical services provided in the regular Medicaid program are available (see Medicaid-Aid to Dependent Children).

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly eligibles	14,972	17,614	18,675	16,663
Average monthly recipients	8,243	10,097	10,838	14,349

Source of Funding . This program is funded the same as Medicaid-Aid to Dependent Children. Due to computer system limitations, EMAC is reported under "Ribicoff and School-Aged Medical Coverage."

	FY 1993	FY 1994	FY 1995	FY 1996
General	$ 9,218,262	$13,538,445	$14,488,896	$10,908,383
Federal	15,110,749	$21,911,790	$23,037,381	$16,166,282
Total	$24,329,011	$35,450,235	$37,526,277	$27,074,665

MEDICAID

RIBICOFF* AND SCHOOL AGE MEDICAL (SAM) COVERAGE

STATUTORY AUTHORITY:	Section 68-1020, R.R.S., 1943
YEAR ESTABLISHED:	Ribicoff 1984, School Age Medical 1991
ADMINISTERING AGENCY:	Department of Health and Human Services/Finance and Support

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General Information: The Ribicoff Program extends Medicaid coverage to children under age 21 in low-income families who meet the resource tests of the Medicaid Program but who do not meet the deprivation requirements of the ADC Program. Federal requirements mandate that coverage be extended to children over age five born after September 30, 1983 (School Age Medical - SAM).

Target Group Eligibility

- Four population groups are covered under the Ribicoff Program. Each population group is described below:
  - Children in low-income families who do not qualify for ADC cash assistance.
  - Children who live in an ADC-eligible household who no longer meet the ADC age requirements.
    - The age requirement for children in ADC households is under the age of 19. Current Ribicoff coverage provides medical assistance to children under age 21.
  - Pregnant women whose children will be eligible for assistance at birth.
    - The medical needs of a mother during a pregnancy would be covered if it is determined the child will be eligible for such assistance at birth.
- The income guidelines for Ribicoff are 133 percent of the ADC standard. The resource requirements are $4,000 for an individual and $6,000 for a family of 2.
- SAM covers children six years of age and older whose family income does not exceed 100 percent of the poverty level and who are eligible based on age on a phased-in basis through age 19. Beginning October 1, 1997, 13 year old children are eligible. An additional year of age will be added each October 1 until all children under age 19 are covered. There is no resource test for SAM coverage.

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*The Ribicoff Program derives its name from Senator Abraham Ribicoff who sponsored the federal legislation establishing this program.

Program Description

. All medical services provided under the Medicaid-Aid to Dependent Children are available to children who qualify for the Ribicoff or SAM Program.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly eligibles	4,773	7,204	9,027	10,994
Ribicoff	6,653	8,777	7,854	5,453
EMAC	0	0	0	2,800

Source of Funding

. The Ribicoff and School Age Medical Programs are supported by federal and state general funds. The federal match rate is the same for the Medicaid Program. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$5,338,503	$8,476,069	$8,310,519	$12,396,379
Federal	8,750,974	13,718,403	12,884,377	18,371,502
Total	$14,089,477	$22,194,472	$21,194,896	$30,767,881

MEDICALLY HANDICAPPED CHILDREN'S PROGRAM

STATUTORY AUTHORITY: Sections 43-507 and 43-522 and Sections 68-717, 68-1401 through 68-1406, 71-1401 and 71-1403, R.R.S., 1943
YEAR ESTABLISHED: 1937
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The Medically Handicapped Children's Program provides evaluation and specialized medical care to low-income children under age 21 with certain chronic and congenital conditions who may not be eligible for the Medicaid Program.

Target Group Eligibility

. Program eligibility is based on both financial and medical need.

- Financial eligibility considers gross monthly income and resources with adjustments for disability related care and treatment costs. A child or adult in a family unit of four people with gross annual income of $19,120 or less would be financially eligible. Those above this income may be eligible with the family participating in a portion of the costs.

- Medical eligibility criteria has been established for each service provided through the program. Medical eligibility is based on the physician's or a medical team's diagnosis and treatment plan. This program is designed to provide care for severe medical problems.

  The major conditions covered are cleft lip/ palates, cerebral palsy, heart defects, hemophilia, orthopedic problems, mid-line birth defects, cystic fibrosis, hyperalimentation, neoplasms and ill, premature births.

Program Description

. This program provides medical diagnosis, referral and medical treatment and community-based, family-centered case management for children with severe handicaps. Evaluation clinics are held throughout the state. In areas not served by the specialized physicians, traveling medical teams conduct the clinics. Services are provided through payments to contracted hospitals, specialty physicians and other health care providers for prescription drugs, medical supplies and equipment, surgery, hospital care and orthopedic appliances.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Children certified	3,006	2,748	2,531	2,242
Number of children served by team clinics	1,022	1,073	935	768

Source of Funding

. The Medically Handicapped Children's Program is primarily funded with state general funds. A portion of the funding is provided through the Maternal and Child Health Block Grant. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$1,485,743	$ 975,296	$1,203,340	$1,074,239
Federal	504,981	1,096,758	570,682	445,411
Total	1,990,724	2,072,054	$1,774,022	$1,519,650

NEWBORN METABOLIC SCREENING

STATUTORY AUTHORITY: Sections 71-519 through 71-524, R.R.S., 1943
YEAR ESTABLISHED: 1967
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: All infants born in the state of Nebraska are to be screened for the specific metabolic disorders of phenylketonuria, primary congenital hypothyroidism and biotinidase deficiency. The Department of Health and Human Services may from time to time specify other metabolic diseases that may require screening. Food supplements and treatment services are also provided for individuals diagnosed with these diseases.

Target Group Eligibility

- All infants born in the state of Nebraska.

Program Description

- Attending physicians collect or order the collection of the prescribed specimens and submit these to a laboratory for the performance of the required tests within a specified period. In the event a birth is not attended by a physician, the person registering the birth is responsible for seeing that the tests are performed. A laboratory conducts the tests as prescribed by the department on the specimens submitted and reports the results of these tests to the physician, the hospital and the department.

  The hospital records and reports the collection of specimens for tests for metabolic diseases. In the event that the specimen was not collected or the report of the results of the tests was not obtained, the hospital notifies the Department of Health and Human Services.

  The Department of Health and Human Services prescribes the tests, the test methods and techniques and such reports and reporting procedures as are necessary to implement newborn metabolic screening.

  The Department of Health and Human Services/Finance and Support maintains a central data registry for the collection and storage of reported data concerning metabolic diseases. The department uses this reported data to monitor testing for these metabolic diseases. The Department of Health and Human Services provides educational and referral services as well as food supplements to children suffering from these metabolic diseases.

Caseload Statistics	.	Not available.
Source of Funding	.	Funding for monitoring activities and food supplements is provided through the Maternal and Child Health Block Grant and general funds. Funding history for food supplements is shown below:

	FY 1993*	FY 1994*	FY 1995*	FY 1996
All fund sources	$69,588	**	**	$218,725

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*estimated
**Unable to determine funding due to combining of programs.

REPRODUCTIVE HEALTH CARE PROGRAM

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1970
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: Family planning services are provided throughout the state through contracts with 11 independent non-profit agencies. Some agencies provide services through satellite clinics. A combination of state and federal funds support the program.

Target Group Eligibility

Services are targeted toward low-income women and adolescents but are available to anyone. Special efforts are made to reach minority, non-English speaking and/or clients with disabilities.

Fees for services on a sliding fee scale are updated annually based on the federal poverty guidelines. Individuals at or below 100 percent of the federal poverty guidelines are not charged a fee.

Program Description

Services provided by the agencies included in the Nebraska Reproductive Health Care Program are as follows:

- health education
- collection of patient's medical and social history
- blood pressure
- hemoglobin or hematocrit and urine analysis as appropriate
- breast examination
- pelvic exam
- pap smear
- STD testing and treatment
- pregnancy testing and information
- information on all available methods of contraception including natural family planning
- birth control method supplies with instructions on the correct use of the birth control method desired with assessment of the patient's knowledge of correct use of the method of the contraception
- counseling on preconceptional care, infertility and genetics are provided and appropriate referral and follow-up to other social, community and health care services are provided as needed
- outreach, including community education presentations to individuals and groups on the following topics:
    - the availability of primary and secondary reproductive health care services
    - contraceptive methods including abstinence
    - breast self-examinations
    - adolescent pregnancy
    - family life education

- EDS
- Rubella
- smoking
- drugs and alcohol
- abnormal pap smears
- cancer detection
- STDs/HIV/AIDS

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Unduplicated clients served	26,428	26,428	26,998	29,291
By age:				
19 and under	6,323	6,509	7,836	6,898
Over 19	20,105	19,919	19,162	22,393

Source of Funding

This program is funded with a combination of federal Title V and federal Maternal and Child Health Block Grants funds. State general funds are provided for chlamydia tests and pap smears. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$ 179,633	$ 182,294	$ 181,555	$ 184,048
Cash	6,856	4,863	27,285	44,000
Federal	1,197,548	1,335,473	1,104,500	1,412,803
Total	$1,384,037	$1,522,630	$1,313,340	$1,640,851

WOMEN, INFANTS AND CHILDREN (WIC)

STATUTORY AUTHORITY: Sections 71-2209 through 71-2230, R.R.S., 1943
YEAR ESTABLISHED: 1975
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The Women, Infants and Children (WIC) program provides supplemental foods, nutrition education and appropriate health care referrals to help prevent the early development or progression of serious nutritional problems in pregnant women, infants and children.

Target Group Eligibility

. WIC is available to pregnant, postpartum and breastfeeding women and children whose health is threatened by both low-income and nutritional need. Eligibility for the program is determined by a qualified nutritionist and/or nurse based on the following criteria:

- Status
  - -- pregnant woman
  - -- postpartum woman up to 6 months
  - -- breastfeeding woman up to 12 months
  - -- infant or child up to 5 years

- Income
  - -- less than 185 percent of current poverty guidelines as shown in the table below:

Number in Household	Annual Income
1	$14,319
2	19,166
3	24,013
4	28,860
Each additional person	+4,847

- Nutrition Risk, determined following a nutrition evaluation including:
  - -- anthropometry (height, weight)
  - -- hematocrit or hemoglobin
  - -- diet and medical history

. Common factors which produce nutrition risk and allow for eligibility:

- Abnormal Growth
  - -- weight or height less than 10th percentile
  - -- weight or height less than 10th percentile or weight greater than 90th percentile
  - -- birth weight less than 2,500 grams

- Low Hematocrit
    - less than 33 percent first trimester pregnant women
    - less than 32 percent second trimester pregnant women
    - less than 33 percent third trimester pregnant women
    - less than 36 percent lactating or postpartum women
    - less than 33 percent for infants age 6 to 23 months
    - less than 34 percent for children to 5 years

- Health Conditions
    - previous reproductive history of high parity, toxemia, premature delivery, multiple birth, age 17 or 35 at conception
    - chronic conditions, as diagnosed by a physician, which are influenced by inappropriate diet, e.g., hypertension, diabetes, genetic metabolic disorders, cardiovascular, gastrointestinal or renal diseases, severe food allergy and chronic infections

- Abnormal Dietary Pattern
    - inadequate intake of nutrients
    - smoking
    - excessive alcohol and/or drug intake

. Eligibility for the program is determined every six months except for pregnant women who are certified for the duration of their pregnancy and infants under six months of age who may be certified up to their first birthday.

Program Description

. The WIC program provides supplemental foods, nutrition education and referrals to physicians or health care agencies. The food and education program components concur with current recommendations of the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists and the National Academy of Sciences.

Vouchers are issued monthly to WIC participants for the purchase of specified foods at local grocery stores. Individual food packages designed to meet the participant's needs are determined by the WIC nutritionist. Foods which may be received are:

- iron-fortified infant formula
- milk
- vitamin C-fortified natural juices
- natural cheeses
- eggs
- iron-fortified cereals
- dried beans or peas

Program participants receive nutrition education designed to enhance understanding of the relationship between good nutrition and health. This education is provided by a program nutritionist and/or nurse through one-to-one counseling and/or group presentations.

Caseload Statistics

. Average monthly participation:

	FY 1993	FY 1994	FY 1995	FY 1996
Pregnant women	3,595	3,689	3,851	4,199
Breastfeeding women	1,100	1,253	1,418	1,477
Postpartum women	2,366	2,342	2,447	2,535
Infants	7,910	8,119	8,875	9,271
Children	16,914	18,234	18,458	19,059

Source of Funding

. The WIC program is funded through federal funds from the U.W. Department of Agriculture and cash funds from infant formula rebates. Funds are made available to the Department of Health and Human Services/Finance and Support, which contracts with participating local agencies to operate the program at the local level. The funding history for this program since FFY 1993 is shown below.

	FFY 1993	FFY 1994	FFY 1995	FFY 1996*
Administration	$ 3,854,114	$ 4,548,188	$ 4,574,346	$ 4,512,706
Food	11,660,704	12,869,265	12,753,489	13,661,873
Infant formula rebates	4,141,282	4,800,000	5,097,179	5,208,881
Total	$19,656,100	$22,217,453	$22,425,014	$22,383,460

*estimated

HOUSING AND UTILITIES

HOMELESS SHELTER ASSISTANCE TRUST FUND

STATUTORY AUTHORITY: Sections 68-1601 through 68-1608, R.R.S., 1943
YEAR ESTABLISHED: 1992
ADMINISTERING AGENCY: Department of Economic Development

General Information: The purpose of the program is to assist in the alleviation of homelessness, to provide temporary and permanent shelters to homeless persons, to encourage the development of projects that link housing assistance programs with efforts to promote self-sufficiency and to address the needs of migrant farm workers. A portion of the real estate transfer tax supports this program.

Target Group Eligibility

- Any eligible community or neighborhood-based housing-assistance organization, institution, association, society or corporation that provides temporary or permanent shelters for homeless persons; encourages the development of projects which link housing assistance to programs promoting the concept of self-sufficiency or addresses the needs of migrant farm workers may apply to the department for funding.

Program Description

- Grants will be awarded based on the following criteria:
  - The extent to which the applicant addresses the primary purpose of the Homeless Shelter Assistance Trust Fund Act by assisting the alleviation of homelessness, providing temporary and permanent shelters for homeless persons, encouraging the development of projects which link housing assistance to programs promoting the concept of self-sufficiency or addressing the needs of the migrant farm workers.
  - The applicant's implementation plan provides for adequate professional, non-professional and volunteer staff to realize objectives.
  - The applicant works closely with allied agencies and other groups serving the needs of the homeless.
  - The applicant can produce measurable, objective data to support the need and show there is or will be community support.
  - The applicant has budgeted operations realistically and is attempting to obtain funds from other sources.

Eligible program costs are listed below:

- Special Needs: Grant money may be used by grantees in meeting the special needs of individuals including, but not limited to, meals, transportation, counseling, housekeeping, care management and personal emergency response needs.
- Building: Building costs include, but are not limited to, new construction and remodeling for a building acquired by lease or purchase.
- Project Cost: Eligible project costs include, but are not limited to, the purchase of vehicles, furniture and any supplies that are needed to carry out the work of the grantees.
- Program Costs: Program costs include, but are not limited to, the paying of salaries to non-professional employees or contractors of the grantees.
- Operating Costs: The eligible operating costs include, but are not limited to, the costs of gasoline, telephone, electrical, gas and water services to the facility operated by the grantee. Operating costs may be used to pay employees' salaries. Operating costs may be used to pay for any materials needed by the grantee, which in the determination of the department, will further the goals of the Homeless Shelter Assistance Trust Fund Act.

Caseload Statistics

	FY 1994*	FY 1995	FY 1996
Number of grants awarded	28	40	55

Source of Funding

Twenty-five cents on each $1,000 of value of the real estate transfer tax is used for this program. The revenue is collected by county registers of deeds, remitted to the Department of Revenue and deposited into the Homeless Shelter Assistance Trust Fund.

	FY 1994*	FY 1995	FY 1996
Cash	$241,075	$693,150	$789,743

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*January through June 1994.

LOW-INCOME ENERGY ASSISTANCE

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1981
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: Assistance is provided to low-income households to offset the rising costs of home energy that are excessive in relation to the household's income. This program is totally supported with federal funds.

Target Group Eligibility

. To qualify, an individual or household must meet the following guidelines:

- there must be an energy need
- resources cannot exceed $5,000
- income cannot exceed the amounts shown below:

Household Size	Annual Income
1	$ 9,568
2	12,792
3	16,016
4	19,240
5	22,464
Each additional person	+3,224

To qualify for cooling assistance, an individual must have a medical need.

Program Description

. The amount of assistance is based on total household income, household size, structure of the house and the type of fuel used.

Cooling assistance is provided if funds are available.

Home weatherization is available through community action agencies.

Caseload Statistics

	FY 1993*	FY 1994*	FY 1995*	FY 1996*
Households with children receiving heating assistance	17,802	17,536	16,262	13,108
Households with a child receiving cooling assistance	401	342	240	205

*As of June 30 of each year

Source of Funding . This program is supported with federal funds. The expenditure history for heating assistance since FY 1993 is shown below:

	FY 1993*	FY 1994*	FY 1995*	FY 1996*
Federal Funds:				
Heating assistance	$3,260,790	$3,130,651	$2,571,904	$2,116,931
Cooling assistance	90,229	73,674	68,138	77,180
Total	$3,351,019	$3,204,325	$2,640,042	$2,194,111

*Does not include emergency heating and cooling assisting.

INCOME MAINTENANCE

AID TO DEPENDENT CHILDREN PROGRAM

STATUTORY AUTHORITY:	Sections 43-501 through 43-504.01, R.R.S., 1943
YEAR ESTABLISHED:	1965
ADMINISTERING AGENCY:	Department of Health and Human Services/Finance and Support

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General Information: The Aid to Dependent Children Program (ADC) provides a time-limited monthly subsistence grant to low income households. A welfare reform pilot project is being implemented in five counties with statewide implementation scheduled for FY 1998. The federal funds are provided through the Temporary Assistance for Needy Families Block Grant.

Target Group Eligibility

. A household is eligible for Aid to Dependent Children if each of the following criteria is met:

- The family unit contains a child under the age of 19.
- Monthly income must be within the ADC standard established by the state. Income disregards (income not counted towards eligibility) are provided for operating expenses for individuals who are self-employed or who farm for a living. Limited earned income disregards are provided as work incentives. For every dollar earned after the disregards and the work allowance is applied, the amount of the ADC grant is reduced by one dollar.

  As provided for in state regulation, the maximum amount of income after disregards a household may have as income and maintain eligibility for the ADC program is shown in the chart below.

Eligible Members	Monthly Income After Disregards
1 Individual	$222
2 Individuals	293
3 Individuals	364
4 Individuals	435
5 Individuals	506

- The household's resources cannot exceed $6,000 for a two-person household. Resources are cash or other liquid assets or any type of real or personal property that may be converted into cash and non-liquid assets. The following items are excluded when determining the value of resources:
  - -- real property used as a home
  - -- goods of moderate value used in the home

-- clothing
-- burial trusts and burial spaces

The following household members are counted as part of the unit when determining eligibility:

-- all children who meet age requirements
-- the parents
-- a caretaker relative (i.e., grandparent, aunt or uncle) may be included if the person requests to be part of the unit

The Unborn program extends ADC coverage to an unborn child during the third trimester. In households where there are no other children, both the parent(s) and the unborn child are eligible for a monthly assistance grant beginning in the third trimester. In an existing ADC household the unborn child is added to the household unit when determining the amount of the assistance grant.

Program Description

The ADC provides a monthly subsistence grant to eligible households in an amount not to exceed $222 a month for one person and $71 a month for each additional eligible household member.

Households are also eligible to receive Medicaid, Food Stamps and Title XX Social Services (i.e., child care, transportation, homemaker services).

All adults participating in ADC must register for the Job Support Program unless exempt. For example, incapacitated parents are exempt from registration.

The state and the recipients sign a contract outlining the support services to be provided by the state and the job training, education and employment activities which the parents will participate

Cash assistance will be provided for two years. Extensions will be provided in the following circumstances: 1) in cases of extreme hardship, 2) due to lack of employment availability, 3) to care for a newborn and 4) to care for a child with special needs

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average monthly number of families				
-regular	15,850	15,463	14,680	14,010
-unemployed parent	1,389	1,176	855	707

Source of Funding

The ADC Program is supported by general and federal funds. Beginning October 1, 1996, the federal share is funded through a block grant. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	24,998,366	21,733,076	20,061,873	18,829,870
Federal	34,928,032	34,509,818	31,569,265	28,034,191
Total*	59,926,398	56,242,894	51,631,138	46,864,061

*includes child support offset

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REFUGEE RESETTLEMENT PROGRAM

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1980
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The purpose of the Refugee Resettlement Program is to provide for the effective resettlement of refugees and to assist refugees to achieve economic self-sufficiency and to assist with the refugees' financial and medical assistance during the first eight months in the United States. This program is completely supported with federal funding.

Target Group Eligibility . A refugee is an alien who is unable or unwilling to return to his/her country because of persecution or fear of persecution on account of race, religion, nationality, political opinion or membership in a particular social group.

The program serves eligible refugees as defined by the federal Immigration and Nationality Act. Refugees may include persons from Vietnam, Laos, Cambodia, the Soviet Union, Poland, Rumania, Ethiopia, Afghanistan, Iran and other countries.

The following eligibility criteria must be met for a maintenance grant:

- The refugee must have lived in the United States for less than eight months.
- The refugee must be residing in Nebraska.
- The refugee must meet the income and resources eligibility requirements.

In addition to the above requirements, the refugee must also register for employment services within three days of applying for assistance.

An individual or family may receive medical assistance even if they do not qualify for a maintenance grant if they meet the income and resource requirements of the Medicaid program.

Program Description . The maintenance grant for eligible individuals and families is the same as the maintenance grant provided for Aid to Dependent recipients.

The medical assistance coverage provided under this program is the same coverage provided under the Medicaid Program.

Refugees are also provided special services which include English as a second language, job development and social adjustment skills.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of average monthly individuals receiving cash assistance	140	96	118	62
Number of average monthly individuals receiving medical assistance	162	153	213	259

Source of Funding . This program is federally funded. The funding history for this program since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Federal	$1,055,493	$928,042	$1,417,780	$1,360,877

JUVENILE JUSTICE

JUVENILE JUSTICE AND DELINQUENCY PREVENTION ACT GRANT PROGRAM

STATUTORY AUTHORITY: Section 81-1417, R.R.S., 1943
YEAR ESTABLISHED: 1985
ADMINISTERING AGENCY: Nebraska Crime Commission

General Information: Federal funds are available to local communities to remove juveniles from adult jails and lock-ups, deinstitutionalize and provide services to status offenders and non-offenders, provide systems improvement and address minority issues.

Target Group Eligibility

. The following entities are eligible to apply for grants:

- a unit of general local government (county, city, village, etc.) or a combination of such units
- a state agency or state-supported university
- a chartered non-profit private organization or association having statewide representation or character
- a local community chartered private non-profit agency or organization only if a request for funds to support the proposed project through a unit of local government has been made and denied

Program Description

. Projects eligible for funding include the following:

- Jail Removal
    - temporary staff-secure holding services (i.e., holdovers, shelter care, attendant care, foster care, safe homes and group homes)
    - intake services
    - treatment and aftercare programs
    - secure detention programs
    - planning and technical assistance
- Deinstitutionalization/Services to Status Offenders and Non-Offenders
    - temporary non-secure holding services (i.e., holdovers, shelter care, attendant care, foster care, safe homes and group homes)
    - prevention programs
    - diversion programs
    - early intervention programs
    - community-based diagnostic evaluation services
    - intake services
    - intensive supervision services
- Native American Tribes
    - temporary non-secure holding services (i.e., holdovers, shelter care, attendant care, foster care, safe homes and group homes)
    - detention alternatives
    - treatment and aftercare programs

    - secure detention programs
    - planning and technical assistance
    - prevention, intervention and diversion programs

- Minority Over-Representation
    - systems of alternatives to incarceration specific to the needs of minorities
    - multi-cultural awareness training programs for juvenile justice personnel
    - diversion and intervention programs
    - prevention programs
    - initiating or improving the usefulness of relevant information systems and dissemination of information regarding minorities in the juvenile justice system
    - pilot studies to develop profiles of juvenile offenders
    - data collection and analysis

- Systems Improvement
    - development and delivery of training programs/curriculum
    - technical assistance
    - advocacy programs
    - standard programs
    - code and statutory revision incentives

- Delinquency Prevention
    - direct services to youth and families to prevent delinquency
    - peer mediation programs
    - community activities designed to promote family activities
    - programs designed to promote civic awareness and duties

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Grants awarded	9	11	13	13

Source of Funding

A combination of state and federal funds support this program. The funding history since FY 1993 is shown below:

	FY 1993*	FY 1994*	FY 1995*	FY 1996*
General Funds:				
Operations	$ 23,156	$ 20,561	$ 27,739	$ 26 335
Federal Funds:				
Operations	39,406	87,435	121,897	141,635
Aid	285,594	211,590	177,236	244,770
Total	$348,156	$299,025	$299,133	$386,405

*estimated

JUVENILE PAROLE/FOSTER CARE

STATUTORY AUTHORITY: Section 83-927, R.R.S., 1943
YEAR ESTABLISHED: 1969
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: The juvenile foster care and parole programs are aimed at providing a smooth and successful transition of juveniles from the Youth Rehabilitation and Treatment Centers (YRTC) at Kearney and Geneva or community-based programs to mainstream society. Parole officers provide guidance, counseling and supervision to juveniles in the program.

Target Group Eligibility . All juveniles committed to the Department of Health and Human Services community-based programs or the Youth Rehabilitation and Treatment Centers are automatically put in the parole program. Juveniles are placed in foster care homes or mini-group homes when they cannot or should not be returned to their natural homes.

Program Description . The three community-based regional program administrators of OJS coordinate the assignment of a juvenile parole officer to each juvenile committed to a YRTC with emphasis on providing guidance, counseling and supervision to juveniles after they are released and placed in the natural home, a foster home or a mini-group home. The foster care program provides an opportunity for juveniles to live in a family-type environment when one does not exist in the natural home.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Average number of juveniles on parole	279	340	408	414
Average number in foster homes/group homes	36	55	64	66
Average length of parole (in months)	10.9	9.3	7.5	8.0
Average stay in foster homes (in months)	12	7	9-12*	9-12*

Source of Funding . Juvenile parole is supported entirely by state general funds. The foster care program is funded by general and federal funds. Foster care and mini-group homes are paid $225-$518 a month for each juvenile under their care. The expenditure history since FY 1993 is shown on the following page.

*estimates

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Foster Care

	FY 1993	FY 1994*	FY 1995	FY 1996
General	$158,528	$125,719	$160,541	$160,000

Juvenile Parole

	FY 1993	FY 1994	FY 1995	FY 1996
General	$659,997	$659,997	$641,335	$654,342

*Funding to the foster care program was transferred to the Department of Social Services in FY 1994.

JUVENILE PROBATION

STATUTORY AUTHORITY: Sections 43-245 to 43-2,129, R.R.S., 1943
YEAR ESTABLISHED: 1957 (completely state-administered since 1985)
ADMINISTERING AGENCY: Supreme Court

General Information: The Nebraska Probation System presently consists of 19 probation districts. Juvenile probation officers assist the 3 separate juvenile courts and 90 county courts in a variety of ways when a juvenile is brought into custody. Since July 1, 1986, the probation system has been a part of the Supreme Court. This function is funded by the general fund.

Target Group . A juvenile is any person under the age of 18.

Eligibility . Involvement with the juvenile courts/probation can be the result of one of the following situations:

- misdemeanor/infraction (non-traffic) offenses
- felony offenses
- abused/neglected/dependent children
- status offenders
- traffic offenses

Parents may also be involved with the juvenile courts/probation as a result of filings by the county attorney.

Program Description . When a child is taken into custody by a law enforcement officer, the court or probation officer investigates the circumstances of the minor and the facts surrounding the child being taken into custody.

The court or probation officer may then decide to:

- immediately release such minor to the custody of his/her parent, guardian, relative or other responsible person
- admit such minor to bail by bond in an amount and on the conditions and security set and determined by the court

If it appears that the need for placement or further detention exists, the juvenile may be:

- placed or detained for a reasonable period of time in the temporary custody of either the person having charge of the juvenile or some other suitable person
- placed in some suitable place provided by the city or county authorities
- placed in any proper and accredited charitable institution
- placed in a state institution, except any adult penal institution

- placed in temporary care/custody of the Department of Health and Human Services when it does not appear there is any need for detention in a locked facility.

If it has been determined that one of the criteria for detention has been met, the probation officer will work with the county attorney to determine the type of petition that will be filed.

The court has the following options available when determining the disposition of a case:

- place the juvenile on probation subject to supervision of the probation officer
- permit the juvenile to remain in his/her home subject to supervision of the probation officer
- cause the juvenile to be placed in suitable family home or institution
- commit the juvenile to the Youth Diagnostic and Rehabilitation Center for detention for purposes of observation, testing and examination, both mental and physical
- commit such juvenile to the care and custody of the Department of Health and Human Services, Youth Rehabilitation and Treatment Center in Geneva or Kearney
- place the juvenile in custody of department for placement in foster care or group care

If the juvenile is placed under the supervision of a probation officer, the officer must follow a set of court ordered conditions for the case. The probation period may be open-ended or for a set period of time.

In some instances where a petition has been filed, a judge may issue an order for a probation officer to begin supervising a juvenile prior to adjudication or being placed formally on probation. This may be done if the court feels such intervention would benefit the child and/or keep him/her from committing further delinquent acts while awaiting court action.

Outside agencies and resources may be used to assist with rehabilitation and detention.

While on probation, the officer and the juvenile may have weekly meetings but may have meetings as often as every day. A child may be returned to the court on a request by the county attorney to review a case for the purposes of reviewing placement, modifying a condition of probation or to terminate the court's jurisdiction.

A request to return a child to the court is usually done to review a child's compliance or non-compliance with a court order. The court order may be modified. If the court order continues to be disregarded, the county attorney may request juvenile probation be revoked.

The child is then entitled to an arraignment hearing or an adjudication hearing. If the allegations of non-compliance are found to be true, a new disposition may be established by the judge. If the chid is sent to one of the youth rehabilitation and treatment centers, the court's jurisdiction is terminated in the matter and probation no longer has any responsibility.

Termination of the court's jurisdiction of the youth occurs when the child has successfully completed or complied with the court ordered programs or is no longer amendable to services provided by the juvenile court.

The child at this time may request that his/her records are sealed. Unless specifically requested, the records will remain open.

Caseload Statistics

		FY 1993	FY 1994	FY 1995	FY 1996
Total number of juveniles on probation		5,669	6,346	7,160	N/A
Sex:	Females	1,601	1,444	1,692	N/A
	Males	4,068	4,902	5,468	N/A
Age:	Under 14	1,580	1,090	1,251	N/A
	14-16	2,894	3,787	4,372	N/A
	17	1,195	1,378	1,537	N/A
Race:	American Indian	215	192	210	N/A
	Black	608	648	795	N/A
	Hispanic	262	349	441	N/A
	White	3,825	5,037	5,585	N/A
	Others/Unknown	759	120	129	N/A
Type of Case:	Misdemeanor	3,566	2,118	1,936	N/A
	Felony	539	320	86	N/A
	Abuse/Neglect/ No criminal charge	1,564*	3,908**	5,138**	N/A

Source of Funding

The Probation System is funded by the general fund. In most areas of the state, the caseloads for juvenile and adult probation are handled by the same individuals. Because these functions are not separated, expenditure information on juvenile probation is not available.

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*Reflects January through June 1993 cases.

**The breakdown of statistics for 1994 and 1995 are be estimates due to the change over of our computer program and delays of data collection.

JUVENILE SERVICES ACT GRANT PROGRAM

STATUTORY AUTHORITY: Sections 43-2402 through 43-2414, R.R.S., 1943
YEAR ESTABLISHED: 1992
ADMINISTERING AGENCY: Nebraska Crime Commission

General Information: Grants are available to local communities to develop alternatives to incarceration of juveniles in adult jail, lock-ups and correctional facilities. Grants will be available annually until services are available state-wide. The Juvenile Services Grant Committee recommends which programs should be awarded grants.

Target Group Eligibility

. The following entities are eligible to apply:

- a community-based agency or organization
- a community team
- a political subdivision
- a school district
- a federally-recognized or state-recognized Indian tribe

Eligible applicants may give consideration to contracting with private non-profit agencies for the provision of programs.

Program Description

. Projects eligible for funding include the following:

- twenty-four hour intake screening services
- family crisis intervention services
- programs for assessment and evaluation of juveniles and families
- programs for the prevention of delinquent behavior
- diversion programs
- staff-secure detention programs
- shelter care programs
- programs for intensive juvenile probation services
- restitution programs
- programs for family support services
- community centers for the care and treatment of juveniles in need of services

Funds provided under the Juvenile Services Act may be used for developing programs and for acquiring, developing or improving local facilities for juveniles if the development and use of the facilities are prescribed in the approved plan.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Grants awarded	8	8	5	9

Source of Funding . This program is funded with general funds. The expenditure history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Operating	$ 43,947	$ 58,157	$ 76,722	$ 76,435
Aid	482,197	506,669	526,504	335,783
Total	$526,144	$564,826	$603,226	$412,218

OFFICE OF JUVENILE SERVICES

COMMUNITY-BASED PROGRAMS

STATUTORY AUTHORITY: Section 83-472, R.R.S. 1943
YEAR ESTABLISHED: 1994
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: This program was created as part of LB 988 passed in the 1994 legislative session. For the FY 1995-97 biennium, four demonstration sites were established with a core of new community-based services.

Target Group Eligibility . Juveniles placed with the Office of Juvenile Services and utilizing community-based services are adjudicated delinquent or status offenders. They must be under 18 at the time of their adjudication and must leave services on or before their 19th birthday.

Program Description . Community-based services include assessment and evaluation of youth, case classification, case management/service coordination, purchased services and juvenile parole supervision.

Every youth committed to OJS is classified and a supervision service plan is established. Frequency of contact by the parole officer in the community is determined by the youth's classification level and specific need. Parole staff coordinate access to services, conduct social histories and home investigations, conduct institutional visits every six weeks, participate in parole revocation proceedings when necessary, recruit foster families, supervise trackers assigned to youth and monitor progress of youth in their care. In addition to supervising youth in the community, OJS also provides community-based evaluation services for youth referred by the juvenile court.

Source of Funding . Community-based services are funded through the general fund. In FY 1996 expenditures totaled $451,531.

YOUTH REHABILITATION TREATMENT CENTERS (YRTC's)
Kearney
Geneva

YOUTH DIAGNOSTIC AND REHABILITATION CENTER
Geneva

STATUTORY AUTHORITY: Sections 83-171; 83-465 through 83-474.01; 83-487 through 83-4,104, R.R.S., 1943

YEAR ESTABLISHED: Kearney - Established by the Legislature in 1879, Geneva - Established by the Legislature in 1891

ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: Youth Rehabilitation and Treatment Centers are located in Kearney and Geneva. These facilities were established for the purpose of detention, education, vocational training, treatment and rehabilitation of male and female juvenile offenders. The Youth Diagnostic and Rehabilitation Center is located in Geneva. The purpose of this program is to evaluate juveniles and identify the needs of each youth, resulting in a recommendation to the referring court for placement and/or treatment.

Target Group Eligibility

. Juveniles committed to the YRTCs are adjudicated as delinquent. Committed youth generally fall within the age range of 12 to 18. They must be under 18 at the time of their adjudication and must be discharged on or before their 19th birthday.

Juveniles may be placed at the Youth Diagnostic and Rehabilitation Center-Geneva as adjudicated status offenders or as delinquents. There is no minimum age. Their length of stay at the center is limited to no longer than 30 days.

Program Description

. Juveniles committed to the YRTCs live in a non-secure facility where they participate in treatment and education programs. Positive Peer Culture (PPC) is the primary treatment modality around which individual treatment is structured. The youth work together to solve mutual problems under adult direction and leadership. The YRTCs also provide programming in such areas as drug/alcohol education and treatment, HIV/AIDS education/testing, individual counseling, victim empathy, anger management, sexual and physical abuse, domestic violence, death, independent living skills, vocational counseling, constructive leisure time activities, health classes, religious activities and sexual perpetration.

The Youth Diagnostic and Rehabilitation Center-Geneva observes, tests and conducts mental and physical examinations for those juveniles committed for evaluation. Recommendations for treatment and/or care are provided to the referring court.

The Kearney YRTC receives only male juvenile commitments. The YRTC in Geneva houses female juvenile commitments, while its Youth Diagnostic and Rehabilitation-Geneva Program provides evaluation services both male and female youth.

A secure confinement facility is under construction with a projected completion date of January 1998. The physically secure co-educational facility is designed to provide secure confinement, education and treatment for serious and chronic juvenile offenders who have been committed to the Office of Juvenile Services or the Department of Correctional Services for secure care.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of admissions:				
Kearney	508	583	666	781
Geneva	688	770	866	937
Commitments	77	67	63	99
Safekeepers	47	52	58	76
Evaluations	564	651	745	763
Average length of stay (months):				
Kearney	4.8	4.2	3.97	3.7
Geneva	6.9	6.2	5.81	4.9

Source of Funding

The YRTC and Diagnostic programs are supported by general, cash, federal and revolving funds. The funding history since FY 1993 is shown below:

YRTC-Kearney

	FY 1993	FY 1994	FY 1995	FY 1996
General	$3,993,580	$3,907,750	$3,809,705	$4,887,276
Cash	68,398	84,698	84,698	70,824
Federal	432,044	523,176	458,798	407,700
Revolving	--	--	--	--
Total	$4,494,022	$4,515,624	$4,351,201	$5,365,800

YRTC-Geneva

	FY 1993	FY 1994	FY 1995	FY 1996
General	$2,201,732	$2,247,692	$2,235,749	$2,710,661
Cash	20,000	20,000	20,000	20,000
Federal	176,510	148,850	171,817	155,100
Total	$2,398,242	$2,416,542	$2,427,666	$2,885,761

MENTAL HEALTH

ADOLESCENT AND FAMILY SERVICE PROGRAM
HIGH RISK SEX OFFENDER PROGRAM (HRO)

STATUTORY AUTHORITY: Sections 83-305 and 83-306 through 83-357, R.R.S., 1943
YEAR ESTABLISHED: 1955
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: The High Risk Offender Program is a specialized residential treatment program for male adolescent sexual offenders located in Lincoln.

Target Group Eligibility . Most admissions are for evaluation and/or treatment ordered by the juvenile court for males between the ages of 13 and 17. Other referrals are considered on a case-by-case basis. The program cannot serve anyone past their 19th birthday. Experience has consistently shown that adjudication by a court is important in facilitating offender (and family) acceptance of responsibility and more rapid engagement in treatment.

The HRO Program is not designed for youth with developmental disabilities or psychotic patients. Group therapy in the HRO Program requires effective verbal skills and the ability to understand abstract concepts.

A common characteristic of the High Risk Offender (HRO) youth is that of sexually acting out against the rights of others. The adolescent often demonstrates lack of consideration for the impact of sexual assault on victims. Additionally, over 70 percent of the adolescent offenders have been sexually victimized themselves, posing a need for additional treatment and interventions addressing victimization.

Typically, sexual acting out behaviors have been frequent. The HRO youth may be admitted with few "known" sexual assaults, which through treatment, have consistently been reported with significantly higher frequency. Many adolescents demonstrate patterns of daily assaults over years and often more victims.

Program Description . The HRO Program is an active, psychosocial, medically directed program which takes place in a structured, residential therapeutic milieu. This level of structure and intensity of treatment is essential because of the pervasive denial that characterizes many offenders (and often their families as well) and the deeply ingrained nature of the patterns of distorted thinking and behavior that must be changed.

The program is based on the assumption that change is in the realm of possibility for the juvenile sex offender but that change involves replacing past learned and chosen modes of behavior (which generally have been destructive to victims and ultimately self-defeating for the offender) with new responsible modes of thinking and behavior. This change will necessitate lifetime management.

The program components are listed below.

- individualized treatment planning
- high-risk offender groups (sex-offense specific)
- living area milieu program
- living area issues "forum"
- family therapy & parents group
- journal writing
- health and sex education
- educational programming, including transportation to public schools
- therapeutic recreation
- individual therapy
- anger management group
- work skills therapy

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of youth served	33	33	40	38
Average length of stay (in days)	546	612	230	293

Source and Number of New Client Referrals

	FY 1993	FY 1994	FY 1995	FY 1996
Court order	22	19	17	6
Department of Social Services	10	14	13	8
Other	1	1	1	2
Total	33	34	31	16

Source of Funding . Funding for this program is shown under Adolescent Family Services.

ADOLESCENT FAMILY SERVICES PROGRAM

PSYCHIATRIC - INPATIENT

LINCOLN REGIONAL CENTER

STATUTORY AUTHORITY:	Sections 83-305 and 83-306 through 83-357, R.R.S., 1943
YEAR ESTABLISHED:	1955
ADMINISTERING AGENCY:	Department of Health and Human Services

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General Information: The Lincoln Regional Center includes a specialized unit and services for children/adolescents with mental health problems. The Adolescent Family Services - Inpatient (AFS-I)provides evaluation and treatment to youth ages 12-19 with serious emotional and behavior problems through an inpatient program with a capacity to serve 12 adolescents.

Target Group Eligibility . The inpatient unit provides evaluation and stabilization for adolescents in need of acute services within a secure environment. Some youth are court ordered for either evaluation or treatment. The court-ordered youth are always under the jurisdiction of the court but may remain in the custody of the parents or Department of Health and Human Services. Delinquents are under the Department of Corrections.

Program Description . All youth receive an evaluation which includes a complete physical and dental examination, psychiatric examination, psychological testing, educational evaluation, nursing service assessment observation, social history with a family diagnostic interview, therapeutic recreation and occupational therapy assessments. Each youth has an individually designed treatment plan based upon these evaluations. The youths are involved in several types of therapeutic interventions as deemed appropriate including individual, group and family psychotherapy; education (provided by Morton School); speech therapy; living area milieu program; occupational therapy; therapeutic recreation and psychopharmacological therapy.

Caseload Statistics

	FY 1995	FY 1996
Number of youth served	15	94
Average length of stay (in days)	57	22

Source of Funding

Funding for services provided by the Adolescent Family Services - Inpatient are from the state general fund, federal Medicaid, client fees and insurance. Annual expenditures for FY 1995 through FY 1996 are shown below:

	FY 1995*	FY 1996
General	$257,615	$ 786,435
Cash	43,755	133,574
Federal	90,154	275,218
Total	$391,524	$1,195,226

*The program was restructured and started on in February 1995.

ADOLESCENT AND FAMILY SERVICE PROGRAM

PSYCHIATRIC RESIDENTIAL

STATUTORY AUTHORITY:	None
YEAR ESTABLISHED:	Department of Social Services - 1881 Department of Public Institutions - 1962
ADMINISTERING AGENCY:	Department of Health and Human Services

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General Information: The AFS 20 Bed Psychiatric/Residential Adolescent Program serves disturbed youth, ages 12 through 18, whose needs are best served in a program that cannot be met in less restrictive settings.

Target Group Eligibility

. These patients have a major disorder that necessitates a highly structured environment/program under supervision of a psychiatrist.

Program Description

. The program focuses on behavioral treatment and re-integration into the community or a lower level of care. Many modalities are offered to meet the needs of the adolescents which include:

- family therapy
- individual therapy
- therapeutic recreation
- chemical dependency
- substance abuse group
- forum group
- social skills groups
- community meetings
- relapse prevention program
- occupational work skills groups

A structured point system is an integral part of the program that affords transition to a community-based or home setting.

. The goals of the program are to:

- provide ongoing evaluation and treatment services
- reduce maladaptive behaviors
- support family reunification and reconciliation
- provide youth with an education and skills to allow them to function in the least restrictive environment
- provide a safe and therapeutic environment where youth can learn, grow and change
- assist patients in moving toward mental health and self-sufficiency

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Beginning census	0	14	14	21
Admissions	15	12	26	14
Readmissions	4	2	5	2
Discharges	5	14	24	22
Ending census	14	14	21	19
Average daily census	14	14	17	18
Census days	2,105	5,051	6,027	6,809
Total number of youth served	19	28	45	37

Source of Funding

Funding for services provided by the Adolescent and Family Services-Residential Program are from cash and federal funds. Annual expenditures for FY 1993 and FY 1994 are shown below. Prior to 1993, this program was the Nebraska Center for Children and Youth under the Department of Social Services.

	FY 1993	FY 1994	FY 1995	FY 1996
Cash	$ 43,028	$ 99,966	$ 103,443	$ 128,067
Federal	433,289	1,004,621	1,245,054	1,541,429
Total	$476,318	$1,104,387	$1,348,497	$1,669,496

COMMUNITY MENTAL HEALTH PROGRAMS

STATUTORY AUTHORITY: Sections 71-5001 through 71-5015, R.R.S., 1943
YEAR ESTABLISHED: 1974
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: In 1974, the Nebraska State Legislature passed the Nebraska comprehensive Mental Health Services Act to promote and regulate community mental health programs operated under the six regional governing boards. The Office of Community Mental Health (CMH) administers the community service programs.

Target Group Eligibility . Mental health services are available for all residents of Nebraska. No persons can be denied services provided under the Nebraska Community Mental Health Services Act because of an inability to pay for services.

Specialized programs described in the following section serve a specific population.

Program Description . Regions administer or contract with local community mental health programs to provide outpatient, inpatient, partial care, residential and consultation services. Evaluation and pre-admission screening services and after-care services are provided to individuals being considered for regional center placement and for those discharged from a regional center or psychiatric hospital, respectively. The major service providers within the publicly-funded community mental health system in Nebraska include community mental health agencies providing 70 programs (e.g., outpatient, psychiatric emergency, day rehabilitation). All programs receive state general funds and eligible programs receive federal Alcohol, Drug Abuse and Mental Health Services Block Grant funds.

All regions offer outpatient services for children under age 18. In addition, regions also provide specialized programs.

Program/Service: Outpatient

Description: An outpatient program provides a variety of diagnostic and treatment services in a non-residential setting. These services include pre-admission screening; assessment; individual, group and family therapy; medication prescription and monitoring; discharge planning and after-care. An outpatient program provides treatment to persons and/or their families who are experiencing disruption of their lives or mental functioning but whose physical and emotional status allows them to function in their usual environment.

For those agencies receiving federal block grant funds, the outpatient program plan must describe how specialized services are provided for children, the elderly, individuals who are chronically mentally ill and persons who have been recently discharged from inpatient mental health treatment.

The outpatient program has policies and procedures making emergency services available to clients of the program. Also, there must be a physician available to provide needed medical services.

Source of Funding: General and federal funds

	FY 1993	FY 1994	FY 1995
General	$1,118,743	$1,156,847	$1,100,902
Federal	23,112	0	0
Total	$1,141,855	$1,156,847	$1,100,902

Program/Service: Regional Youth Coordination

Description: A specialist/coordinator works at the regional level with full-time lead responsibility for overseeing and improving procedures; identifying services and service gaps; providing program consultation, technical assistance and training and developing needed programs.

Target Group: Severely emotionally disturbed/substance abusing (or at-risk) children, youth and their families.

Source of Funding: State general funds

	FY 1993	FY 1994	FY 1995
General	$152,290	$152,290	$119,890

Program/Service: Day Treatment

Description: Interventions which integrate mental health, educational and social service components are provided. These services focus on special education, skill building, individual and family counseling, crisis intervention, vocational and pre-vocational training. These services are delivered in a school, a mental health center or a free standing facility. When educationally necessary, these services match the school year. Classroom instruction ranges from a half to a full day in duration.

Target Group: Children/youth with special education classification - typically behaviorally impaired.

Program Services: FY 1993 - Panhandle Mental Health, Mid-Plains Center for Professional Services, Child Guidance, Pioneer Mental Health Center, Blue Valley Mental Health Center
FY 1994 - Mid-Plains Mental Health Center, Pioneer Mental Health Center, Blue Valley Mental Health Center and Child Guidance
FY 1995 - Panhandle Mental Health Center, Mid-Plains Center for Professional Services, Blue Valley Mental Health Center and Child Guidance

Source of Funding: Federal block grant and state general funds

	FY 1993	FY 1994	FY 1995
Total Funds	$242,144	$203,000	$180,617

Residential Treatment Services

Program/Service: Residential Treatment Services

Description: Interventions that offer 24-hour supervision and treatment are provided. Youth may receive education or day treatment in other settings for a portion of the day. This service provides a therapeutic environment and usually includes individual and family therapy. These services can be divided into two types: 1) therapeutic group homes which usually serve less than 15 youth in one setting and 2) residential treatment centers which are larger and provide more intensive staffing patterns.

Target Group: Children/youth with severe emotional disturbance requiring out-of-home placement services more restrictive than therapeutic foster care but less restrictive than psychiatric hospitalization.

Program Services: FY 1994 - Youth Service System

Source of Funding: Federal funds

	FY 1993	FY 1994	FY 1995
Federal	0	$30,000	$50,130

Program/Service: Community Mental Health Road Map

Description: During the 1994 legislative session, $400,000 was appropriated for mental health aid to be used to begin to implement the Road Map which has been developed for children's services. This system of services addresses the lack of middle intensity services available throughout the state which is designed to help prevent expensive inpatient services from being utilized because more appropriate and less expensive services are unavailable.

Services developed and funded during FY 1995 included therapeutic foster care in Regions I, III and VI, Home-based and Respite in Regions IV and VI and a middle school service in Region II.

	FY 1993	FY 1994	FY 1995
General	0	$400,000	$489,799

Program/Service: Professional Partner Program

Description: The program provides flexible wrap around services designed to prevent 1) youth from becoming state wards just to access services, 2) out-of-home placements, 3) juvenile offenses, and 4) school drop outs. The program includes 24-hour/7-day per week access, a non-reject/no eject approach, strength-based assessment, culturally competent practices and an outcome-based/ecological approach. The Professional Partner has a caseload of about 15 children and can purchase/coordinate the services and supports needed to produce positive outcomes.

Target Group: Children with serious emotional disturbances who are not Medicaid-eligible, not a state ward and are at high risk of an out-of-home placement, committing juvenile offenses or dropping out of school are eligible.

Source of Funding:

	FY 1994	FY 1995	FY 1996
General	$0	$0	$878,269

Caseload Statistics

Children/Youth Served in
Community-Based Mental Health Programs

	FY 1993	FY 1994	FY 1995
Age 0-11	3,341	2,675	3,088
Age 12-17	3,904	3,246	3,687
Age 18-20	1,419	1,166	1,282
Total	8,664	7,087	8,057

Profiles of Children/Youth Served in FY 1995

Total	8,057
Males	4,392
Females	3,665
State Wards	624
Non-Wards	7,433
Youth identified as severely emotionally disturbed (SED)	1,452
State wards	144
Non-wards	1,308

SERVICES FOR STATE WARDS

CHILD WELFARE AND FAMILY CENTERED SERVICES

STATUTORY AUTHORITY:	Chapter 43, Articles 2, 9 and 13, R.R.S., 1943
YEAR ESTABLISHED:	Unknown
ADMINISTERING AGENCY:	Department of Health and Human Services/Finance and Support

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General Information: The goals of out-of-home services are to prevent or remedy neglect, abuse or exploitation; to support biological families toward the return of their child where parental rights are intact; and to secure permanent families through adoptions or guardianship if parental rights are terminated. In order to strengthen families, prevent unnecessary removal of children from their families and enhance reunification efforts, services may be provided in a family's own home. Alternate living arrangements are provided for children who by judicial determination or the voluntary request of the child's parent(s), require 24-hour care outside the parental home. Services to the child's family are also provided if parental rights remain intact. Adoption or guardianship may be an appropriate alternative for a child who is not able to continue to reside with his or her birth family.

Target Group Eligibility . Families with open CPS cases, wards of the Department of Health and Human Services, families of wards of the Department of Health and Human Services and families who have adopted or become legal guardian of a ward of the Department of Social Services are eligible for Child Welfare and Family Centered Services.

Program Description . The following definitions identify the possible placements of children involved with DSS and the services available to the children and their families. Children are placed in the most family-like least restrictive setting appropriate to their needs and in close proximity to their home community. Other programs through the department may be accessed by wards and families.

Placement Definitions

- Home with Family is a placement when the child resides at home with their family.
- Emergency Shelter Care is a short-term placement in an emergency shelter that is intended to support children and families experiencing a crisis situation that requires a break from the home.
- Adoptive Home is a permanent placement in which a child is adopted by a family.

- Independent Living is a placement for older youth (age 16 to 18) who are capable to living independently. Some supervision may be involved.
- Foster Care is a temporary foster family home placement for youth who cannot safely reside with their family due to issues of abuse and/or neglect. Whenever possible, children will maintain significant contact with their families.
- Therapeutic Foster Care is a placement in a foster home which provides a more structured environment to deal with the varying needs of children. These homes typically provide care to a limited number foster children and are expected to play an integral role in the treatment and coordination of care for the youth.
- Group Care is a placement in a group home.
- Therapeutic Group Care is a placement in a group home which provides a therapeutic living environment for a group of youth with individualized treatment planning and services being delivered to the youth and their family.
- Residential Treatment is a placement similar to therapeutic group care but the group homes are in a larger, more self-contained setting. This facility may also provide their own school, recreational and other components that a therapeutic group home may seek in the community.
- Inpatient Psychiatric Hospitalization is a 24-hour placement in a setting where the youth is admitted due to the medical necessity of treating a psychiatric condition at this level of care. This placement is intended to be short-term and to help stabilize the youth so they may return to a community-based setting with supportive services.
- Correctional Facility is a placement in a youth detention center or jail. This placement is typically used for violent delinquents or status offenders.

Service Definitions

- Community Resource Information is community-based information related to services and referrals. This service may be located in a variety of locations.
- Parent Education consists of activities that include information on child development, parental responsibilities, health care, connection to resources and other relevant topics. These programs work with parents in a group or individually, in office settings or in the parents' homes.
- Home Visitation is a home-based support service provided flexibly within the context of the family's home and based on the needs of the family. The service may include skill training, parental support services, crisis services and resource development. These services may be provided by a range of individual and community programs. Examples of this would include family support providers on contract with DSS.
- Recreation is a service to assist children and families in leisure-related activities and areas of interest.
- Support Groups are self-help and/or directed groups.
- Transportation consists of any necessary transportation, such as medical transportation, transportation to family support services and transportation to visit parents.

- Respite Care provides a break for the parents and the child from one another. This can be used for parents, foster parents and other providers. There should be an opportunity for respite care that is planned in advance with caretakers who are trained to substitute for the parent during this time. Emergency or crisis respite care may also need to be accessible to the family to help avoid out-of-home placement.
- Independent Living Training is a service available to children who are or will be placed in independent living. This training may consist of classes, retreats, skill instruction, problem solving, conflict resolution, self-esteem building and one-on-one mentor programs.
- Case Management is the assessment of family needs and plan development with a family-centered approach. The case manager is the primary person responsible for case management.
- Counseling is an individual or group activity that involves seeking advice on an issue(s).
- Therapy is a service which consists of individual, group or family therapy with a treatment focus.
- Intensive Family Preservation includes services which focus on providing whatever support services are needed to assist the family in meeting their needs. The design of the services is dependent on the family's needs. These services are intensive and utilize family-focused interventions designed to provide the support services in the family's home. These services are typically accessible on a 24-hour basis using a multifaceted approach, including but not limited to skill training, family therapy, parental support services, crisis services and family resource development.
- Maintenance is a subsidy payment to placement providers which supports basic living necessities such as room, board and clothing.
- Day Treatment is an intensive, non-residential service that provides educational and mental health services. These programs usually involve special education, counseling, parent support, vocational training, crisis intervention, skill building, behavior modification and recreational therapy.
- After Care is any follow-up service designed to ensure a smooth transition from one type of care to another. These services are typically used when a child is transitioning from his/her current placement to a less restrictive placement.

Caseload Statistics . The figures below include all children in the custody of the Department of Health and Human Services as of June 30. This includes children residing at home with their family and children placed out of home (see also Child Protective Services).

Children in the custody of the Department of Health and Human Services as of June 30:

1989	3,253
1990	3,522
1991	3,544
1992	4,022
1993	4,189
1994	4,231
1995	4,095
1996	4,432

Source of Funding . Child Welfare and Family Centered Services are primarily funded through state general funds. Federal funds from the Social Services Block Grant, Title IV-B, Title IV-E and Medicaid are also used for these services. Figures below exclude Social Services Block Grant and Medicaid. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$23,125,613	$28,561,102	$27,673,922	$18,676,943
Federal	6,347,232	5,445,092	6,196,614	14,729,055
Total	$29,472,845	$34,006,194	$33,870,536	$33,405,998

COURT APPOINTED SPECIAL ADVOCATE (CASA) GRANT PROGRAM

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1994
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: The purpose of the CASA program is to gather in-depth information to assist the judge in juvenile court cases make the best decision on behalf of the child. The CASA program uses trained community volunteers to review records and gather independent information from the child, parents, teachers and others who know the child. These volunteers, or Court Appointed Special Advocates, then appear in court on behalf of the child with a recommendation about that child's future. There are currently six CASA programs in Nebraska that serve Sarpy County, Dodge County, Platte and Colfax Counties, Cheyenne County, Keith County and Adams County. CASA programs are being developed in Dakota County and Madison County.

Target Group Eligibility . Organizations applying for grants must at a minimum show support from the local juvenile or county court judge and the Nebraska CASA organization.

Program Description . Grants of up to $2,500 are available for the development of new CASA programs or for technical assistance or training to support qualified CASA programs.

Source of Funding . Funding since FY 1995 is shown below:

	FY 1995	FY 1996	FY 1997 (est.)
Federal	$20,000	$28,000	$25,000

FAMILY SUPPORT AND PRESERVATION

STATUTORY AUTHORITY:	None
YEAR ESTABLISHED:	1987
ADMINISTERING AGENCY:	Department of Social Services

General Information: The Family Support and Preservation funds are used for purposes of preventing out-of-home placement of children or reunifying families when a child has been removed from the home. Districts authorize funds for family-related expenses only after other available resources have been explored.

Target Group Eligibility . Eligible families include those involved in cases of child abuse or neglect, families involved in a potential adoption disruption or families of state wards.

Program Description . Family Support and Preservation funds are allocated to each district to be used to purchase needed services or goods to enhance reunification efforts or to prevent the removal of a child from his/her home. These funds are only to be used when the needed goods or services cannot be obtained from other sources. Examples of use of funds include transportation for work or medical care, housing (rent or deposit), utilities, food, counseling, medical care or respite care.

Caseload Statistics . See Child Welfare & Family Centered Services.

Source of Funding . This program is funded with state general funds and federal Emergency Assistance funds when allowable.

	FY 1993	FY 1994	FY 1995	FY 1996
General	$270,443	$194,428	$232,575	$226,020

FOSTER CARE REVIEW BOARD

STATUTORY AUTHORITY: Section 43-1301 through 43-1318, R.R.S., 1943
YEAR ESTABLISHED: 1982
ADMINISTERING AGENCY: Foster Care Review Board

General Information: The Foster Care Review Board was established in 1982. Local volunteer review boards meet regularly to review cases of children who have been in out-of-home care for six months or longer. The agency also has a central registry and tracking system of all children in out-of-home care. A nine-member state board develops policy and oversees the operation of the local boards and the tracking system. This agency is funded through the general fund.

Target Group Eligibility

- Information on all children in out-of-home care in Nebraska is stored in the central registry and tracking system maintained by the Foster Care Review Board. This includes children who are placed in group homes, detention facilities and mental health facilities.

- All children who are in out-of-home care may be reviewed by the local review boards. The reviews are conducted every six months or more frequently for as long as the child remains in foster care.

Program Description

- Twenty-eight local review boards meet monthly to review cases of children who are in out-of-home care. The local boards are composed of trained volunteers from the community. Prior to a review, a review specialist goes to the office and compiles information on the child's case plan including how the county attorney has filed the case, whether required court hearings are being held and the involvement of the guardian ad litem. During the board meeting, the case plan is reviewed. Board members must keep the case plan information confidential.

  The reviews focus on:

  - if there is a written permanency plan
  - whether the services are being provided to the child and/or family
  - if people responsible for the tasks have been identified
  - the time frames for accomplishment of the plan
  - the visitation arrangements
  - if there is a continued need for out-of-home placement
  - if the current placement is appropriate

  The local boards also identify barriers that keep the existing plan from succeeding. Recommendations are sent to all legal parties to the case, including:

  - the court that placed the child in care
  - the agency responsible for the child
  - the child's guardian ad litem (attorney)
  - the county attorney
  - the parent's attorney

Local boards may also request that the state board take legal standing on a case. A representative of the state board may contact one of the attorneys to see if a meeting is necessary or if the person will address the board's concerns, may arrange a case status meeting where appropriate parties are called together or may appear in court to present evidence on behalf of a child.

Caseload Statistics

	CY 1993*	CY 1994*	CY 1995*	CY 1996*
Number of children reviewed	1,827	1,823	1,936	2,162
Number of reviews	3,047	3,097	3,165	3,159

Source of Funding

The Foster Care Review Board is funded through the general fund. The expenditure history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$661,431	$672,315	$685,564	$1,106,960**

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*Calendar year data

**Increase due to LB 641.

FOSTER PARENT TRAINING

STATUTORY AUTHORITY: Section 71-1902, R.R.S., 1943
YEAR ESTABLISHED: 1990
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: The Foster Parent Training Program provides training on various topics of interest or concern to foster parents. The goal of the program is to promote the growth and development of children while in foster care by increasing the knowledge and skills of foster parents providing care for these children.

Target Group Eligibility

- Prospective and current foster parents are required to participate in training as a condition of licensure.

Program Description

- Prospective foster parents participate in 21 hours of pre-service training conducted by staff and contracted trainers. The initial training covers topics such as understanding the foster child and biological parents, understanding the role of the caseworker and the foster parent, the impact of placement on the foster child and discipline.

  In-service foster parent training is also provided. Training may be provided by the staff or contracted trainers in a group setting or may be offered individually through the use of self-instruction packets. Examples of topics covered in the sessions are child sexual abuse, suicide, adolescent parenting, attachment/separation and adoption, working with biological families and substance abuse.

- Participants are reimbursed for mileage in excess of 10 miles from their home. Support is provided to arrange for alternative child care during training.

- A newsletter for foster parents entitled "Fostering Families" is provided by the Department of Health and Human Services.

- A training information bulletin entitled "Foster Parent Education News" is also provided to all licensed and approved foster homes. The bulletin contains schedules for all foster parent training.

- An annual Foster Family Conference is sponsored by the department for all foster parents and their families. The conference provides educational sessions on a variety of topics relating to foster parenting and support for fostering.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
New foster parents trained	484	601	643	392

Source of Funding . A combination of federal Title IV-E, Title IV-B and state general funds support this program. Specific expenditure data are not available.

PREPARING FOR ADULT LIVING SERVICES (PALS)

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1987
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: In 1987, Congress passed legislation establishing a program to prepare youth in foster care age 16 to 18 for independent living. Nebraska established the Preparation for Adult Living Services (PALS) program with the goal of preparing state wards for successful transition to independent living. In addition, Nebraska has agreed to serve youth up to the age of 21 through the provision of aftercare services.

Target Group Eligibility

- State wards age 16 to 18 are the primary population served by this program. Youth that are not state wards may only be assisted through the PALS District Specialist operating as a team member in special situations.

Program Description

- The PALS program offers a number of services statewide to prepare youth for independent living. Although methods of service delivery vary slightly by district to meet specific regional needs, the primary method of delivery is through a District PALS Specialist and a 5-Phase Plan Process:

Phase 1:	Identify youth, independent living assessment, case plan
Phase 2:	Skill learning
Phase 3:	Skill practice, employment
Phase 4:	Identify support system, prepare for transition to independent living
Phase 5:	Independent living, after care services

The plan provides for instruction in practical skills needed for living independently to be taught by the care provider and others as identified. These skills include setting up a checking account, comparative shopping and how to apply for a job. Other areas such as problem solving, conflict resolution and self-esteem building are also covered.

Other components of the PALS program include mini-district conferences, volunteer mentor programs and Youth Advisory councils. A Youth Connection Conference is also sponsored for youth across the state.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of youth participating in PALS program	*	721	857	932

* Data is not available due to transition process into new 5-phase program.

Source of Funding . PALS is funded entirely by Title IV-E federal funds. The funding history of this program since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Federal	$392,634	$597,826	$508,038	$541,982

SUBSTANCE ABUSE

SUBSTANCE ABUSE

STATUTORY AUTHORITY: Sections 71-5016 through 71-5040 and 83-158.01 through 83-169, R.R.S., 1943

YEAR ESTABLISHED: 1980 by the merger of the Division on Alcoholism (Est. 1967) and the Commission on Drugs (Est. 1970)

ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The division provides funding for prevention, intervention, treatment and aftercare services conducted by community-based program providers throughout the state. Programs are offered which provide specialized services to youth and/or their families.

Target Group Eligibility . The substance abuse programs are available for all Nebraska residents and cannot be denied because of an inability to pay for services. The target population is substance abusers, potential abusers and their families.

Program Description . A variety of prevention, education, counseling and treatment programs are offered. Youth are served by both general and specialized programs. The following is a description of programs and services which provide a specialized service to youth or which serve a specific target population including children.

- OUTPATIENT PROGRAMS: A variety of diagnostic and direct treatment services in a non-residential setting. These services include preadmission screening; assessment; individual, group and family therapy; partial care; educational programs and prevention counseling targeted to youth at high risk for substance abuse.

Funding by Source:

	FY 1994	FY 1995	FY 1996
State	$358,657	$356,192	$355,901
Federal	449,444	455,016	455,734
Total	$808,101	$811,208	$811,635

- EMERGENCY RESIDENTIAL: Services include emergency social setting detoxification, civil protective custody, emergency protective custody and pre-treatment. These programs are designed to intervene in a person's life when medial and social functioning are seriously impaired or when the continued activity is a danger to the person or others.

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Funding by Source: The amount expended for youth cannot be determined with accuracy. Total spending in FY 1996 for Emergency Residential was approximately $2.9 million. It is estimated that up to 10 percent of these services were provided to youth under age 21.

- RESIDENTIAL TREATMENT:

Short Term: A highly structured 24-hour supervised environment for substance abusing individuals who require a more restrictive treatment environment than outpatient.

Youth Halfway House: Programs designed to reintegrate back into the community youth who may lack a supportive home environment. Youth halfway houses include activities designed to develop independent living skills necessary for a life free from substance abuse and addiction.

Therapeutic Community: A long-term comprehensive residential treatment for substance abusing/addicted individuals with a history of treatment failures in less restrictive environments. Included in this treatment is psychosocial skill building through a long-term, highly structured set of peer oriented treatment activities.

Funding by Source:

	FY 1994	FY 1995	FY 1996
State	$229,482	$227,816	$229,071
Federal	63,900	68,955	69,319
Total	$293,382	$296,771	$298,390

- PREVENTION ACTIVITIES:

Information Dissemination: A strategy which provides awareness; knowledge of the nature and extent of alcohol, tobacco and other drug use and the effects of abuse and addiction on individuals, families and communities.

Prevention Education: A strategy characterized by two-way communications.

Problem Identification and Referral: Strategies are aimed at identification of those youth who have indulged in age inappropriate use with a focus on assessing their behavior to reverse the trends of a more serious abusive behavior pattern through education, professional help or treatment.

Community-Based Processes: The aim is to enhance the ability of the community be more effective in providing prevention and treatment services.

Alternatives: Activities that exclude alcohol, tobacco and other drug use among targeted populations.

Environmental: Prevention strategies which establish or change written or unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of alcohol, tobacco and other drug use in the general population.

Funding by Source:

	FY 1994	FY 1995	FY 1996
State	$ 447,747	$ 458,811	$ 497,422
Federal	1,205,847	1,182,391	1,121,000
Total	$1,653,594	$1,641,202	$1,618,422

- DRUG FREE SCHOOLS AND COMMUNITIES: Programs which are funded by the Federal Drug Free Schools and Communities Act providing alternative strategies to young people and communities. These strategies are intended to foster continued norms of appropriate use of legal substances based on health choices and age appropriateness.

Funding by Source:

	FY 1994	FY 1995	FY 1996
Federal	$344,093	$361,401	$349,843

- ADMINISTRATIVE, TRAINING AND COORDINATION: Activities which direct planning and implementation of substance abuse services. The overall design of these activities is to break down real or perceived barriers to treatment or to provide prevention activities among potential clients or system users.

Funding by Source:

	FY 1994	FY 1995	FY 1996
State	$66,815	$31,846	$44,159
Federal	7,842	53,975	32,730
Total	$74,657	$85,821	$76,889

SUPPORT SERVICES

COMMUNITY INCENTIVE GRANTS

STATUTORY AUTHORITY:	None
YEAR ESTABLISHED:	1989
ADMINISTERING AGENCY:	Department of Health and Human Services

General Information: Grants are available to assist local communities to aid efforts to support children and families. Grants must be approved by the director of the Department of Health and Human Services and the Commissioner of Education.

Target Group Eligibility . Grantee must have formal status of affiliation such as non-profit corporations, cities, schools, churches, family preservation, community teams or local planning groups.

Program Description . Awards will be made to projects which strengthen families by enhancing access to health, education and social services. Projects must clearly demonstrate that they are family centered, comprehensive and inclusive. Projects should show a collaboration among a variety of public and private programs to ensure that families' needs are met and the most effective and efficient use of public resources is available for special community projects/activities. Priority will be given to those projects/programs that cover a broader geographic area and are coordinating with other community efforts.

A minimum amount of $500; maximum of $1,000 is available for technical assistance and training grants. A grant of $20,000 a year is earmarked for the Child Guidance Center for the treatment of juvenile sexual perpetrators.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of grants funded	17	22	17	*

Source of Funding . This program is funded with general funds. The funding history since FY 1993 is shown below.

	FY 1993	FY 1994	FY 1995	FY 1996
General	$321,674	$125,587	$50,000	*

*Funds pooled with Family Preservation and Support Funds.

COMMUNITY SERVICES BLOCK GRANT

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1965
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: The Department of Health and Human Services contracts with community action agencies to provide services to enable the poor to become more self-sufficient. Each community action agency determines which services are provided in their area. The program is federally funded through the Community Services Block Grant.

Target Group Eligibility . Individuals and families who meet or are slightly above the federal poverty income guidelines are eligible to participate in programs offered by local community action agencies. The table below shows the 1997 Poverty Income Guidelines.

Family Size	Annual Income
1	$7,890
2	10,610
3	13,330
4	16,050
Each additional member	+2,720

Program Description . The state is divided into nine community action service areas. Each community action agency contracts with the Department of Health and Human Services to carry out services which address the needs of the poor in their area, which include employment, education, income management, housing, emergency assistance, health and social activities. Some recent projects of community action agencies are provided below:

- providing health care for low income families
- leasing HUD homes as emergency homeless shelters
- providing services for the homeless
- serving migrant farm workers
- promoting community and economic development
- sponsoring youth violence workshops

Caseload Statistics . The major service categories and the number of participants are shown on the following page. Figures are for federal fiscal year 1995.

Service Category	Number of Participants
Employment	4,145
Education	32,718
Income	21,151
Housing	7,362
Energy Assistance	29,903
Nutrition	102,986

Source of Funding . Funds from the Community Services Block Grant represent an average of 15 percent of the funding for the community action agencies. The funding history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Federal (aid only)	$2,683,812	$2,615,822	$2,661,830	$2,561,352

EARLY INTERVENTION SERVICES COORDINATION

STATUTORY AUTHORITY:	Sections 43-2501 through 43-2516 R.R.S., 1943
YEAR ESTABLISHED:	1992 (pilot projects) 1995 (statewide)
ADMINISTERING AGENCY:	Department of Health and Human Services/Finance and Support and the Department of Education

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General Information: The Nebraska Early Intervention Act entitles families with eligible infants and toddlers with disabilities to year-round services coordination and the development of an individual family service plan. Responsibility for comprehensive state level planning and ongoing support of the services coordination system is shared by co-lead agencies, the Nebraska Department of Health and Human Services and the Nebraska Department of Education. Assistance and advice is provided by the Nebraska Interagency Coordinating Council. Planning region teams are responsible for assisting in the planning and implementation of the Early Intervention Act in each local community or region.

Target Group Eligibility .

Initial: A family with a child age birth to three referred to an early intervention program may immediately begin receiving service coordination, regardless of whether the child has been verified for special education services. This initial eligibility remains in effect until the family is informed of the results of the multidisciplinary team (MDT) evaluation.

Ongoing: To be eligible for ongoing services coordination, families must include an infant or toddler, age birth to three, who has been verified for special education and related services as identified in the Nebraska Department of Education Rule 51. A child is eligible for services coordination through the end of the school's fiscal year (August 31) in which the child reaches ages three.

The amount and duration of the services coordination is based on documented need and must be identified in the Individual Family Service Plan (IFSP).

Program Description .

Services coordination provides a central point of contact for families who request such assistance. Services coordination is an entitlement and is provided without charge to eligible families.

The service coordinator will:

- visit informally with the family to review intake information and establish rapport

- secure information releases to facilitate sharing of information and notify referral sources that contact has been made with the family
- maintain ongoing communication with referral sources and other contacts as requested by the family
- identify family needs, strengths and priorities on a continuing basis
- advocate for the family to ensure family priorities remain the driving force behind the "Individual Family Service Plan" (IFSP)
- assist the family in forming the IFSP team and gaining access to services
- serve as liaison between the family and service providers relative to the needs of the family, while at the same time encouraging the family to take this role
- assist the family in identifying gaps in services and relaying that information to the IFSP team and other agencies
- work with the family to develop strengths and skills needed to support the child with the disability
- facilitate and support parents' advocacy skills
- coordinate and chair IFSP team meetings and conduct appropriate follow-up to assure plan implementation (initial, periodic reviews and others)
- facilitate communication between the family and IFSP team and other service providers
- facilitate problem solving and the collaboration of team members around changing needs and assist in modifying the IFSP
- serve as mediator for addressing and managing conflicts among the family, agencies and service providers
- facilitate the development of a transition plan

Caseload Statistics . The Early Intervention Program began in August 1991, with two pilot projects in Omaha and Scottsbluff. This program was expanded statewide in FY 1995.

	FY 1993*	FY 1994*	FY 1995*	FY 1996*
Average monthly recipients	250	500	500	832

*estimated

Source of Funding . A billing system has been developed which allows school districts and ESUs to bill Medicaid for certain special education-related services. The federal portion of the Medicaid reimbursement reduces the level of general fund support needed for related services. These freed up general funds are used to cover the cost of services coordination. Federal Part H funds also pay for a portion of the costs. The expenditure history since FY 1993 is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
Department of Health and Human Services:				
General	$261,885	$135,711	$334,197	$1,113,642
Federal	228,013	414,536	243,738	633,798
Total	$489,898	$550,247	$577,935	$1,747,440
Department of Education:				
Federal Part H	$285,357	$507,385	N/A	N/A

EMERGENCY ASSISTANCE

STATUTORY AUTHORITY:	Section 68-104 and 16-128, R.R.S., 1943
YEAR ESTABLISHED:	1973
ADMINISTERING AGENCY:	The Department of Health and Human Services/Finance and Support

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General Information: Emergency Assistance provides assistance to needy families with minor children who are threatened with a crisis and other resources are not available.

Target Group Eligibility

. Needy families who met the following requirements are eligible for Emergency Assistance:

- The family unit contains a child 18 years of age or younger.
- The family is without income and resources immediately accessible to meet their needs.
- Assistance is needed to avoid destitution or to provide living arrangements in a home.
- The need did not arise because the child (if age 16 or older and not in school) or the relative responsible for support and care refused without good cause to accept employment or training.
- The need cannot be met by any other source in the community.
- It is not necessary that the child be deprived of support or care. There is not a durational residency requirement.

Program Description

. The purpose of the Emergency Assistance Program is to provide money and/or services to or on behalf of needy children and other members of the household to meet current needs which are attributable to a crisis situation. Households are eligible for one authorization period of 30 consecutive days a year.

. Payments may be made for the following items:

- shelter
- utility bills, if a shut-off notice has been received
- home furnishings for purchase or repair of items essential for health and safety
- emergency non-food items
- emergency food, in an amount to supplement food stamps or if the family is not eligible for food stamps, up to the amount a similar size family would be eligible to receive in food stamps
- emergency clothing essential to health and safety
- moving costs to move to lower cost housing or to move from substandard housing
- transportation
- emergency special diets
- medical expenses related to a catastrophic illness

- An emergency assistance payment must not exceed the Aid to Dependent Children standard of need for the family size.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Number of persons served	8,774	6,837	5,519	2,228

Source of Funding

- Emergency Assistance is funded through an equal share of federal and state funds. The funding history, which includes catastrophic illness is shown below:

	FY 1993	FY 1994	FY 1995	FY 1996
General	$353,217	$334,385	$304,224	$472,583
Federal	$354,987	333,203	304,240	569,790
Total	$708,204	$667,588	$608,464	$1,042,373

GOOD BEGINNINGS

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1994
ADMINISTERING AGENCY: Department of Health and Human Services

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General Information: Good Beginnings exists to foster the development of voluntary, community-based partnerships that address the health, education and social service needs of Nebraska families with children from the prenatal stage to age five.

Target Group Eligibility

- To be recognized as a Good Beginnings community, local programs must:
  - engage two or more local organizations or agencies in collaborative planning
  - offer an improved level of accessibility to families
  - address two or more of the following needs among families with children from the prenatal stage to age five:

    In the area of education:

    -- involve local school districts, community agencies and the private sector in the development of a master plan to assure comprehensive, high-quality, accessible early care and education programs for children under five in the community
    -- provide voluntary access to high quality, affordable child care for infants, toddlers and preschoolers in the community
    -- offer voluntary access to Head Start or high quality, affordable child care for three- and four-year-olds in the community

    In the area of health:

    -- provide adequate nutrition for pregnant women and children from birth to age five
    -- develop a coordinated system for providing proper prenatal care, age-appropriate immunizations and routine childhood health screenings to children who would otherwise be unable to obtain these services due to lack of health insurance, lack of health care providers or accessibility issues

    In the area of social service:

    -- provide prospective and new parents with access to parent education information that discusses childhood growth and development and provides opportunities to enhance parenting skills

-- provide parents with information and access to a support network of community, health, education and social services needed to relieve economic and social pressures; thereby promoting the development of strong families and healthy children and reducing the incidence of child abuse

Program Description . State representatives for Good Beginnings will provide information on existing state services and resources which communities can access to address prenatal and early childhood issues.

Upon request, Good Beginnings representatives will provide information and assistance in community planning and team building, aid communities in identifying funding sources, arrange for necessary training and assist communities in developing systems to measure program results.

Caseload Statistics . As of December 1995, 13 communities had recognized Good Beginnings programs operating. Fifty-six programs across the state had been recognized as Good Beginnings programs.

Source of Funding . Current funding appropriated to participating state agencies are redirected towards these efforts. Local communities are encouraged to develop their own resources.

HOTLINE FOR DISABILITY SERVICES

STATUTORY AUTHORITY: None
YEAR ESTABLISHED: 1973
ADMINISTERING AGENCY: Department of Education, Division of Rehabilitation Services

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General Information: The Hotline for Disability Services provides information and referral across the State of Nebraska to anyone with a question or concern related to a disability.

Target Group Eligibility . Anyone with a question or concern related to any disability may call the hotline. This may include family, friends, co-workers, employers, the person with the disability or other service providers.

Program Description . The Hotline for Disability specialists determine the nature of the concern, identify specific problems and then provide immediate assistance. Unique problems are researched with the computerized Statewide Research Information Directory.

Caseload Statistics

	FY 1993	FY 1994	FY 1995*	FY 1996*
Number of calls received	2,200	2,145	1,800	1,800

Source of Funding .

	FY 1993*	FY 1994*	FY 1995*	FY 1996*
Federal (Administration)	$100,000	$100,000	$102,800	$102,800

*estimated

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TITLE XX
SOCIAL SERVICES BLOCK GRANT

STATUTORY AUTHORITY: Sections 68-1202 through 68-1209, R.R.S., 1943
YEAR ESTABLISHED: 1972
ADMINISTERING AGENCY: Department of Health and Human Services/Finance and Support

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General Information: Direct and purchased services are provided through the Title XX Social Services Program. Services are available to help clients become or remain able to care for themselves; prevent or remedy neglect, abuse, exploitation and remain together as a family; and prevent or reduce inappropriate institutional care. This program is funded with federal and state dollars.

Target Group Eligibility

. To be eligible for Title XX Social Services, a family must have a service need and must either meet the income requirements or require Child Protective Services.

- The income guidelines for eligibility for all services are as follows:

  - All current ADC recipients may be eligible.
  - Low-income families with a monthly income of $665 or less for a family of four may be eligible.
  - Families receiving Child Protective Services or families with a child in the custody of the Department of Health and Human Services may be eligible without regard to income.

  Children may also qualify for transportation services if they are current SSI or State Supplement recipients.

- The needs based guidelines for eligibility are described below.

  - To receive homemaker services, the client must have an identified need and be unable to adequately manage the family or household due to lack of knowledge, skills or abilities
  - To receive transportation assistance, the client must be unable to provide needed transportation and be unable to secure transportation by a family member, relative, friend, organization or agency at no cost and the client must need transportation for child care, medical services or services relating to maintenance of a child at home or for reunification

Program Description

. The following services are provided under the Title XX Social Services Program:

- Day Care Services for Children - These services are described under Child Care Services.
- Homemaker Services for Families and Family Support Services - Provides in-home assistance or personal care and/or in-home education and instruction by trained and supervised family support providers to maintain and strengthen families and alleviate stresses within the home including the supervision and care of children.
- Transportation Services for Families - Includes travel necessary to receive day care services; to obtain family planning services; to participate in the Early and Periodic Screening, Diagnosis and Treatment Program; to obtain necessary health-related treatment or care; to enable a child's usual caretaker(s) to visit the child when he/she is hospitalized; and to participate in services provided to enable parents or usual caretakers to overcome problems of abuse/neglect. Medical transportation for Medicaid eligible persons is funded through the Medicaid Program.

Caseload Statistics

	FY 1993	FY 1994	FY 1995	FY 1996
Persons receiving Family Support Provider services	2,985	3,150	3,018	2,609
Persons receiving transportation	6,931	4,234	3,756	1,868

Source of Funding

. These services are funded with state general funds through the Child Welfare Program (see Child Welfare and Family-Centered Services section).